

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006342

FILED
Apr 24, 2006
Secretary of State

Entity Name: CRITICAL NURSING SOLUTIONS, INC.

Current Principal Place of Business:

625 NORTH GILBERT ROAD STE. 204
GILBERT, AZ 85234

New Principal Place of Business:

Current Mailing Address:

625 NORTH GILBERT ROAD STE. 204
GILBERT, AZ 85234

New Mailing Address:

FEI Number: 71-0902366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMALLBIZ AGENTS, LLC
4244 W. TENNESSEE ST. #185
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: SPRINGFIELD, DEREK
Address: 625 NORTH GILBERT ROAD STE. 204
City-St-Zip: GILBERT, AZ 85234

Title: VCS () Delete
Name: CAMP, ANGELA
Address: 9221 EAST BASELINE ROAD A109#187
City-St-Zip: MESA, AZ 95212

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEREK SPRINGFIELD

CEO

04/24/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date