2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# F07000004022

Entity Name: INTERNATIONAL UNIVERSITY OF NURSING WEST INDIES, INC.

Current Principal Place of Business:

43 AVE FOUCHARD
PAP HAITI W.I,

New Principal Place of Business:

43 AVE FOUCHARD
PAP HAITI W.I, FL 00000

Current Mailing Address:

6151 MIRAMAR PKWY STE 206
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DURAND, NANCU
6151 MIRAMAR PKWY STE 206
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

DURAND, NANCY
6151 MIRAMAR PKWY STE 206
MIRAMAR, FL 33023 US

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: NANCY DURAND 04/30/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: DURAND, NANCY
Address: PO BOX 278887
City-St-Zip: MIRAMAR, FL 33027

Title: VCVP ( ) Delete
Name: ST-ALBORD, LOUINEL
Address: PO BOX 278887
City-St-Zip: MIRAMAR, FL 33027

Title: S ( ) Delete
Name: MONDELUS, DAVIDSON
Address: 43 AVE FOURCHARD
City-St-Zip: PAP HAITI W.I, 33027

Title: T ( ) Delete
Name: AUGUSTES, SAHADIA
Address: PO BOX 278887
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: NANCY DURAND CP 04/30/2008
Electronic Signature of Signing Officer or Director Date