2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# J20552

Entity Name: NATIONAL NURSING POOL, INC.

Current Principal Place of Business:

1620 W OAKLAND PARK BLVD STE 302
OAKLAND PARK, FL 33311

New Principal Place of Business:

1620 W OAKLAND PARK BLVD
SUITE 302
OAKLAND PARK, FL 33311

Current Mailing Address:

1620 W OAKLAND PARK BLVD STE 302
OAKLAND PARK, FL 33311

New Mailing Address:

1620 W OAKLAND PARK BLVD STE 302
SUITE 302
OAKLAND PARK, FL 33311

FEI Number: 59-2747189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

URENA, JOSE L P,D
1620 W OAKLAND PARK BLVD STE 302
OAKLAND PARK, FL 33311 US

Name and Address of New Registered Agent:

BURNETT, ROBERT J
950 S. PINE ISLAND ROAD
SUITE A150
PLANTATION, FL 33324 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: ROBERT J. BURNETT 02/06/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P,D ( ) Delete
Name: URENA, JOSE L P,D
Address: 1620 WEST OAKLAND PARK BLVD, #302
City-St-Zip: OAKLAND PARK, FL 33311

Title: VP,D (X) Delete
Name: JOSEPH, KURT VP,D
Address: 1620 W OAKLAND PARK BLVD STE 302
City-St-Zip: OAKLAND PARK, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P (X) Change ( ) Addition
Name: ABDELMONEM, YEHIA
Address: 1620 WEST OAKLAND PARK BLVD, #302
City-St-Zip: OAKLAND PARK, FL 33311

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: YEHIA ABDELMONEM D, P 02/06/2009
Electronic Signature of Signing Officer or Director Date