2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006
Secretary of State

DOCUMENT# K24256

Entity Name: MEGA NURSING SERVICES INC.

Current Principal Place of Business:

7200 SOUTH FEDERAL HIGHWAY
HYPOLUXO, FL 33462

New Principal Place of Business:

7200 N MILITARTY TRAIL
SUITE R
PALM BEACH GARDENS, FL 33410 US

Current Mailing Address:

7200 SOUTH FEDERAL HIGHWAY
HYPOLUXO, FL 33462

New Mailing Address:

7200 N MILITARY TRAIL
SUITE R
PALM BEACH GARDENS, FL 33410 US

FEI Number: 65-0050246 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYCAN, ALAN L.
7200 S/ FEDERAL HWY
HYPOLUXO, FL 33462 US

Name and Address of New Registered Agent:

LYCAN, ALAN L.
7200 N MILITARY TRAIL
SUITE R
PALM BEACH GARDENS, FL 33410 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: ALAN LYCAN 03/06/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LYCAN, DONNA M
Address: 7200 SOUTH FEDERAL HIGHWAY
City-St-Zip: HYPOLUXO, FL 33462

Title: P (X) Delete
Name: LYCAN, ALAN
Address: 7200 SOUTH FEDERAL HIGHWAY
City-St-Zip: HYPOLUXO, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LYCAN, ALAN L
Address: 7200 N MILITARY TRAIL SUITE R
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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: ALAN LYCAN P 03/06/2006
Electronic Signature of Signing Officer or Director Date