
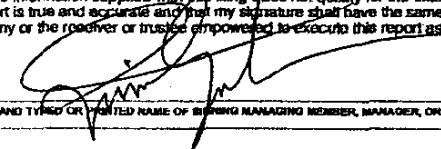


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

06-26-2006 90272 036 \*\*\*\*50.00

DOCUMENT # L05000079316			
1. Entity Name NURE INTERNATIONAL, LLC			
Principal Place of Business 3105 W WATERS AVE 315 TAMPA, FL 33614		Mailing Address 3105 W WATERS AVE 315 TAMPA, FL 33614	
2. Principal Place of Business 2451 MC MULLEN BOOTH RD Suite, Apt. #, etc. 200		3. Mailing Address 2451 MC MULLEN BOOTH RD Suite, Apt. #, etc. 200	
City & State CLEARWATER, FL		City & State CLEARWATER, FL	
Zip 33759		Country USA	
4. FEI Number 20-3287636		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RELIANCE CONSULTING, LLC 3105 W WATERS AVE. 105 TAMPA, FL 33614		7. Name and Address of New Registered Agent Name VINEET GUPTA Street Address (P.O. Box Number is Not Acceptable) 2451 MC MULLEN BOOTH RD SUITE 200 City CLEARWATER FL Zip Code 33759	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUPTA, VINEET 3105 W WATERS AVE. STE 315 TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2451 MC MULLEN BOOTH RD SUITE 200 CLEARWATER, FL 33759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		06-15-2006 8132709076	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	