2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006
Secretary of State

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Entity Name: NURSES OUTFITTER, LLC

Current Principal Place of Business:

6725 MIAMI LAKES DR.
APT. D117
MIAMI LAKES, FL 33014

New Principal Place of Business:

6725 MIAMI LAKES DR.
D117
MIAMI LAKES, FL 33014

Current Mailing Address:

6725 MIAMI LAKES DR.
APT. D117
MIAMI LAKES, FL 33014

New Mailing Address:

6725 MIAMI LAKES DR.
D117
MIAMI LAKES, FL 33014

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

Name and Address of Current Registered Agent:

DZIADURA, JAMES A
6725 MIAMI LAKES DR.
APT. D117
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

DZIADURA, JAMES
6725 MIAMI LAKES DR.
D117
MIAMI LAKES, FL 33014 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: JAMES DZIADURA 04/06/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DZIADURA, JAMES A
Address: 6725 MIAMI LAKES DR., APT. D117
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DZIADURA, JAMES
Address: 6725 MIAMI LAKES DR., # D117
City-St-Zip: MIAMI LAKES, FL 33014

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 is true and accurate and that my electronic 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 608, Florida Statutes.

SIGNATURE: JAMES DZIADURA MGRM 04/06/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date