

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L79831

FILED
Apr 28, 2006
Secretary of State

Entity Name: DEBORAH'S NURSING SERVICES, INC.

Current Principal Place of Business:

218 E COMMERCIAL BLVD
208-E
LAUDERDALE BY THE SEA, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

10387 MAIN STREET
SUITE 200
FAIRFAX, VA 22030 US

New Mailing Address:

FEI Number: 65-0199554 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, BRIAN M
11309 COUNTRYWAY BOULEVARD
SUITE 200
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

ROSS, BRIAN M
11309 COUNTRYWAY BOULEVARD
SUITE 105
TAMPA, FL 33626 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:

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: HOSTLER, ROBERT P
Address: 10387 MAIN STREET; SUITE 200
City-St-Zip: FAIRFAX, VA 22030

Title: D () Delete
Name: LEE, THOMAS K
Address: 10387 MAIN STREET; SUITE 200
City-St-Zip: FAIRFAX, VA 22030

Title: D () Delete
Name: CWIEK, WILLIAM W
Address: 10387 MAIN STREET; SUITE 200
City-St-Zip: FAIRFAX, VA 22030

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: HOSTLER, ROBERT P
Address: 10387 MAIN STREET; SUITE 200
City-St-Zip: FAIRFAX, VA 22030

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

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

Title: S () Change (X) Addition
Name: PURDUM, JIM S
Address: 10387 MAIN STREET; SUITE 200
City-St-Zip: FAIRFAX, VA 22030

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: ROBERT P HOSTLER

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date