2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007
Secretary of State

DOCUMENT# M05000000623

Entity Name: TRAVEL NURSE ACROSS AMERICA, LLC

Current Principal Place of Business:

11300 CANTRELL RD, STE 102
LITTLE ROCK, AR 72212

New Principal Place of Business:

Current Mailing Address:

11300 CANTRELL RD, STE 102
LITTLE ROCK, AR 72212

New Mailing Address:

FEI Number: 20-1068277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E PARK AVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JEFFREY, BRYAN
Address: 11300 CANTRELL RD, STE 301
City-St-Zip: LITTLE ROCK, AR 72212

Title: PCEO ( ) Delete
Name: HOGGARD, NORMAN
Address: 11300 CANTRELL RD, STE 102
City-St-Zip: LITTLE ROCK, AR 72212

ADDITIONS/CHANGES:

Title: CFO (X) Change ( ) Addition
Name: DORSEY, JEANETTA A CFO
Address: 11300 CANTRELL RD, STE 301
City-St-Zip: LITTLE ROCK, AR 72212

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 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: ANN DORSEY CFO 01/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date