2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# N05000010094

Entity Name: PENNING HEALTH & NURSING SUPPORT, INC.

Current Principal Place of Business:

737 CRESTMONT DR
WAYNESVILLE, NC 28786

New Principal Place of Business:

Current Mailing Address:

737 CRESTMONT DR
WAYNESVILLE, NC 28786

New Mailing Address:

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

Name and Address of Current Registered Agent:

EMAS, JOSEPH I
1224 WASHINGTON AVENUE
MIAMI BEACH, FL 33139 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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	POLAK-DALY, INGRID YVONNE	
Address:	4170 INVERRARY DRIVE, APT #402	
City-St-Zip:	LAUDERHILL, FL 33319	
Title:	VP	( ) Delete
Name:	GUMMELS-WESOLICK, PENELOPE JANE	
Address:	737 CRESTMONT DRIVE	
City-St-Zip:	WAYNESVILLE, NC 28786	
Title:	D	( ) Delete
Name:	WALTHER DALY, CLAVEL	
Address:	4156 INVERRARY DRIVE APT #307	
City-St-Zip:	LAUDERHILL, FL 33319	
Title:	D	( ) Delete
Name:	BRANDON, MONICA	
Address:	INDIRA GANDHI STREET 990,	
City-St-Zip:	DISTRICT PARA, SA SURINAME SA	
Title:	D	( ) Delete
Name:	DE VRIES, MARIJKE	
Address:	165 CATHARINE AVE	
City-St-Zip:	BRANTFORD, ON N3T 1Y8 CA	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NGRID YVONNE POLAK-DALY P 04/21/2006

Electronic Signature of Signing Officer or Director — Date