

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000079051

Entity Name: NURSES TO USA, INC.

FILED
Aug 27, 2006
Secretary of State

Current Principal Place of Business:

500 NW 60TH TERRACE
C
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

500 NW 60TH TERRACE
C
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-3669791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAVAL, RAYMUND
8303 NW 36TH AVE
GAINESVILLE, FL 32606 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAVAL, RAYMUND
Address: 8303 NW 36TH AVENUE
City-St-Zip: GAINESVILLE, FL 32606

Title: VP () Delete
Name: BALTAZAR, JOSE M III
Address: 4301 NW 21ST TERR.
City-St-Zip: GAINESVILLE, FL 32605

Title: S/T () Delete
Name: RAVAL, JOCELYN B
Address: 8303 NW 36TH AVENUE
City-St-Zip: GAINESVILLE, FL 32606

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:

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: RAYMUND RAVAL

P

08/27/2006

Electronic Signature of Signing Officer or Director

Date