2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000109378

Entity Name: VICTORIAN NURSING SERVICES, INC.

FILED Jan 04, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	DERAL HWY., LD BEACH, FL				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	DERAL HWY., LD BEACH, FL				
FEI Number	: 65-1060222	FEI Number Applied For () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			t: Name and Address o	Name and Address of New Registered Agent:	
530 S. FEI	AUREL BISHO DERAL HWY., LD BEACH, FL	#100			
	e named entity e of Florida.	submits this statement for	the purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	nic Signature of Registered	l Agent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SMITH, LAURE 530 S FEDERA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DURAND, MICH 530 S FEDERA		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: LAURIE SMITH PRES 01/04/2008