2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005
Secretary of State

DOCUMENT# P02000017940

Entity Name: LINIL VISITING NURSES, INC.

Current Principal Place of Business:

455 DOUGLAS AVE
2255-L
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

100 LAKESHORE DRIVE
SUITE #96
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

455 DOUGLAS AVE
2255-L
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

100 LAKESHORE DRIVE
SUITE #96
ALTAMONTE SPRINGS, FL 32714

FEI Number: 41-2027756 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INIGO-ARROJO, NILA
455 DOUGLAS AVENUE
#2255-L
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

INIGO-ARROJO, NILA
100 LAKESHORE DRIVE
SUITE #96
ALTAMONTE SPRINGS, FL 32714 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: EDGAR ARROJO 05/20/2005
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: INIGO-ARROJO, NILA
Address: 455 DOUGLAS AVENUE #2255-L
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: STD ( ) Delete
Name: INIGO-ARROJO, NILA
Address: 940 DOUGLAS AVE #105
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change ( ) Addition
Name: INIGO-ARROJO, NILA
Address: 100 LAKESHORE DRIVE SUITE #96
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VS (X) Change ( ) Addition
Name: ARROJO, EDGAR
Address: 100 LAKESHORE DRIVE SUITE #96
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDGAR ARROJO S 05/20/2005
Electronic Signature of Signing Officer or Director Date