## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000063292

Entity Name: USA NURSE INC.

FILED May 09, 2005 Secretary of State

| Current F                                     | Principal Place                                | of Business:   | New Principal Place of Business:             |   |  |
|---|--|--|--|---|--|
| SUITE 30                                      | OAKLAND PARI<br>00<br>UDERDALE, FI             |  |  |   |  |
| Current Mailing Address:                      |  |  | New Mailing Address:                         |   |  |
| SUITE 30                                      | OAKLAND PARI<br>00<br>UDERDALE, F              |  |  |   |  |
| FEI Number                                    | r: 03-0462526                                  | FEI Number Applied For ( )                             | FEI Number Not Applicable ( )                | Certificate of Status Desired ( )         |  |
| Name and Address of Current Registered Agent: |  |  | Name and Address of                          | Name and Address of New Registered Agent: |  |
| 871 W. O.<br>SUITE 300                        | SKI, JOSEPH<br>AKLAND PARK<br>0<br>UDERDALE, F | BLVD.  |  |   |  |
|   | e named entity<br>te of Florida.               | submits this statement for the                         | purpose of changing its registered           | office or registered agent, or both,      |  |
| SIGNATU                                       | IRE:   |  |  |   |  |
|   | Electror                                       | ic Signature of Registered Ag                          | ent  | Date                                      |  |
|   |  | 3(2)(b), F.S., the corporation did n                   | ot receive the prior notice.                 |   |  |
| OFFICERS AND DIRECTORS:                       |  |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | ABRIGO, RICH<br>871 W. OAKL                    | Delete<br>ARD<br>AND PARK BLVD. #300<br>DALE, FL 33311 | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ()Change ()Addition                       |  |

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: RICHARD ABRIGO PD 05/09/2005