

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079176

Entity Name: HORIZON NURSING REGISTRY, INC.

FILED
Mar 16, 2006
Secretary of State

Current Principal Place of Business:

3731 SOUTH MILITARY TRAIL
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

5365 MEADOWS EDGE DRIVE
LAKE WORTH, FL 33463

New Mailing Address:

3731 SOUTH MILITARY TRAIL
LAKE WORTH, FL 33463

FEI Number: 27-0024261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, COURTNEY D
5365 MEADOWS EDGE DRIVE
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

ROBINSON, COURTNEY D
3731 SOUTH MILITARY TRAIL
LAKE WORTH, FL 33463 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:

03/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROBINSON, COURTNEY D
Address: 5365 MEADOWS EDGE DRIVE
City-St-Zip: LAKE WORTH, FL 33463

Title: DV () Delete
Name: ROBINSON, MARLENE A
Address: 5365 MEADOWS EDGE DRIVE
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ROBINSON, COURTNEY D
Address: 3731 SOUTH MILITARY TRAIL
City-St-Zip: LAKE WORTH, FL 33463

Title: DV (X) Change () Addition
Name: ROBINSON, MARLENE A
Address: 3731 SOUTH MILITARY TRAIL
City-St-Zip: LAKE WORTH, FL 33463

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: MARLENE ROBINSON

DV

03/16/2006

Electronic Signature of Signing Officer or Director

Date