2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011290

City-St-Zip:

TAMARAC, FL 33319

Entity Name: A1A NURSING REGISTRY, INC.

FILED Mar 08, 2005 Secretary of State

Current Pr	incipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
14590 SOUTH MILITARY TRAIL STE. E-12 DELRAY BEACH, FL 33484			6803 WEST COMMERC TAMARAC, FL 33319	6803 WEST COMMERCIAL BLVD TAMARAC, FL 33319	
Current Ma	ailing Addres	s:	New Mailing Address:	New Mailing Address:	
14590 SOUTH MILITARY TRAIL STE. E-12 DELRAY BEACH, FL 33484			6803 WEST COMMERC TAMARAC, FL 33319	6803 WEST COMMERCIAL BLVD TAMARAC, FL 33319	
FEI Number:	51-0444694	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
	CLAIRE FCOMMERC FL 33319	AL BLVD US			
The above in the State		submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	E:				
Electronic Signature of Registered Agent			ent	Date	
Election Cam	paign Financin	g Trust Fund Contribution ().			
OFFICERS	AND DIREC	TORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	SPARKS, CLAI	Delete RE DMMERCIAL BLVD	Title: (Name: Address:) Change () Addition	

City-St-Zip:

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: CLAIRE SPARKS P 03/08/2005