

**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90045 049 \*\*\*150.00

DOCUMENT # P03000067629

1. Entity Name \_\_\_\_\_  
 NURSE WITHOUT BOUNDARIES, INC



Principal Place of Business  
 2620 S PENINSULA DR.  
 DAYTONA BEACH FL 32118

Mailing Address  
 2620 S PENINSULA DR.  
 DAYTONA BEACH FL 32118



2. Principal Place of Business - No P.O. Box # \_\_\_\_\_  
 Suite, Apt. #, etc. \_\_\_\_\_

3. Mailing Address  
 Suite, Apt. #, etc. \_\_\_\_\_

1st MOORE CR2E034 (10/06)

City & State \_\_\_\_\_  
 City & State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_  
 Zip \_\_\_\_\_ Country \_\_\_\_\_

4. FEI Number **56-2369630** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

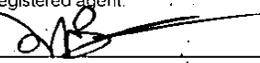
~~LIGHTFINE, MARY~~ **Lightfine, MARY**  
 2620 S PENINSULA DR  
 DAYTONA BEACH FL 32118

*only spelling correction*

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **MARY LIGHTFINE** DATE **2/2/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
 Trust Fund Contribution.  Added to Fees

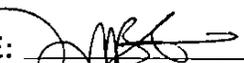
10. OFFICERS AND DIRECTORS

TITLE	<b>P Lightfine</b>	<input type="checkbox"/> Delete
NAME	<b>LIGHTFINE, MARY</b>	
STREET ADDRESS	<b>2620 S PENINSULA DR</b>	
CITY ST ZIP	<b>DAYTONA BEACH FL 32118</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **MARY LIGHTFINE** DATE **2/2/07** DAYTIME PHONE # **386 304-0533**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR