


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90284 026 ***150.00

DOCUMENT # P03000110197		
1. Entity Name MY NURSE, INC.		

Principal Place of Business 1195 36TH CT. VERO BEACH, FL 32960	Mailing Address 1195 36TH CT. VERO BEACH, FL 32960
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2. Principal Place of Business 1665 34th AVE	3. Mailing Address P.O BOX 690763
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1665 34th ave

14011000



04252005 Chg-P CR2E034 (10/03)

City & State Vero Beach FL	City & State Vero Beach FL	4. FEI Number 54-2128990	Applied For <input type="checkbox"/> Not Applicable
Zip 32960	Country INDIAN RIVER	Zip 32969	Country INDIAN RIVER
5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent BAKER, CINDY 1195 36TH CT. VERO BEACH, FL 32960		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 Cindy Baker DATE 4/25/05

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAKER, CINDY 1195 36TH CT. VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Cindy Baker DATE 4/25/05 DAYTIME PHONE # 772-696-1733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR