# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2005**
**Secretary of State**

DOCUMENT# P04000125504

**Entity Name:** INNOVATIVE NURSING SOLUTIONS INC.

**Current Principal Place of Business:**

12230 FOREST HILL BLVD STE 206
WELLINGTON, FL 33414

**New Principal Place of Business:**

12230 FOREST HILL BLVD
STE 206
WELLINGTON, FL 33414

**Current Mailing Address:**

12230 FOREST HILL BLVD STE 206
WELLINGTON, FL 33414

**New Mailing Address:**

12230 FOREST HILL BLVD
STE 206
WELLINGTON, FL 33414

**FEI Number: 20-1617878** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAWYER, PAMELA
12230 FOREST HILL BLVD STE 206
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

SAWYER, PAMELA
12230 FOREST HILL BLVD
STE 206
WELLINGTON, FL 33414 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: 04/21/2005
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: SAWYER, PAMELA
Address: 12230 FOREST HILL BLVD STE 206
City-St-Zip: WELLINGTON, FL 33414

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: GRADY, JULIE A
Address: 12230 FOREST HILL BLVD STE 206
City-St-Zip: WELLINGTON, FL 33414

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: JULIE GRADY D 04/21/2005
Electronic Signature of Signing Officer or Director — Date