2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2006
Secretary of State

DOCUMENT# P04000129391

Entity Name: DEBORAH J MARSHALL, LEGAL NURSE CONSULTING, INC.

Current Principal Place of Business:

14813 ENCLAVE PRESERVE CIRCLE
SUITE C3
DELRAY BEACH, FL 33484

New Principal Place of Business:

654 EMERALD WAY EAST
DEERFIELD BEACH, FL 33442

Current Mailing Address:

14813 ENCLAVE PRESERVE CIRCLE
SUITE C3
DELRAY BEACH, FL 33484

New Mailing Address:

654 EMERALD WAY EAST
DEERFIELD BEACH, FL 33442

FEI Number: 20-1634109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARY COOPER, CPA, PA
7152 NW 71 TERRACE
PARKLAND, FL 33067 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MARSHALL, DEBORAH J
Address: 14813 ENCLAVE PRESERVE CIRCLE SUITE C3
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MARSHALL, DEBORAH J
Address: 654 EMERALD WAY EAST
City-St-Zip: DEERFIELD BEACH, FL 33442

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: DEBORAH MARSHALL P 04/29/2006

Electronic Signature of Signing Officer or Director — Date