

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000137696

FILED
May 03, 2006
Secretary of State

Entity Name: INTERNATIONAL NURSING CONSULTANTS INCORPORATED

Current Principal Place of Business:

5546 W. OAKLAND PARK BLVD.
SUITE 201
LAUDERHILL, FL 33313 US

New Principal Place of Business:

2800 W. OAKLAND PARK BLVD
SUITE 204
OAKLAND PARK, FL 33311 US

Current Mailing Address:

5546 W. OAKLAND PARK BLVD.
SUITE 201
LAUDERHILL, FL 33313 US

New Mailing Address:

2800 W. OAKLAND PARK BLVD
SUITE 204
OAKLAND PARK, FL 33311 US

FEI Number: 74-3138762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES-FRANCIS, MAXINE DR.
7940 NW 29TH STREET
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

JAMES-FRANCIS, MAXINE DR.
2800 W. OAKLAND PARK BLVD
SUITE 204
OAKLAND PARK, FL 33311 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: DR. MAXINE JAMES-FRANCIS

05/03/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JAMES-FRANCIS, MAXINE DR.
Address: 7940 NW 29TH STREET
City-St-Zip: MARGATE, FL 33063

Title: P () Delete
Name: BROWN-DALEY, VANILYN DR.
Address: 3361 NW 38TH AVE.
City-St-Zip: LAUDERDALE LAKES, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JAMES-FRANCIS, MAXINE DR.
Address: 2800 W. OAKLAND PARK BLVD # 204
City-St-Zip: OAKLAND PARK, FL 33311

Title: P (X) Change () Addition
Name: BROWN-DALEY, VANILYN
Address: 2800 W. OAKLAND PARK BLVD # 204
City-St-Zip: OAKLAND PARK, FL 33311

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: DR. MAXINE JAMES-FRANCIS

P

05/03/2006

Electronic Signature of Signing Officer or Director

Date