2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Jan 26, 2007 08:00 AM **DOCUMENT # P05000034663 Secretary of State** 1. Entity Name NURSE ANGEL, INC. Principal Place of Business Mailing Address 2419 NW 81 TER 2419 NW 81 TER MIAMI, FL 33147 MIAMI, FL 33147 CR2E034 (11/05) 01132007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-2583984 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WILLIAMS, BEVERLY 2419 NW 81 TER MIAMI, FL 33147 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 *U00000605952* Trust Fund Contribution. Added to Fees 01/30/07-80059-001 150.00 10. OFFICERS AND DIRECTORS TITLE WILLIAMS, BEVERLY NAME STREET ADDRESS 2419 NW 81 TER CITY-ST-ZIP MIAMI, FL 33147 NAME MCCOY, LAVONIA STREET ADDRESS 2981 NW 164 TERR. CITY-ST-ZIP MIAMI, FL 33054 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP 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 Chapter 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

In Buelly williams

fres 1

1507 305-696-516