

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000038008

FILED
Jan 22, 2010
Secretary of State

Entity Name: KARING NURSING REGISTRY, INC.

Current Principal Place of Business:

ONE WEST CAMINO REAL STE 212
BOCA RATON, FL 33432

New Principal Place of Business:

ONE WEST CAMINO REAL, STE 212
BOCA RATON, FL 33432

Current Mailing Address:

ONE WEST CAMINO REAL STE 212
BOCA RATON, FL 33432

New Mailing Address:

ONE WEST CAMINO REAL, STE 212
BOCA RATON, FL 33432

FEI Number: 11-3745079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLIER, NICOLE
11440 OKEECHOBEE BLVD.
SUITE 217
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

KELLIER, NICOLE
ONE WEST CAMINO REAL
SUITE 212
BOCA RATON, FL 33432 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: NICOLE KELLIER

01/22/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: KELLIER, MARJORIE
Address: ONE WEST CAMINO REAL, STE 212
City-St-Zip: BOCA RATON, FL 33432

Title: VP
Name: KELLIER, NICOLE
Address: ONE WEST CAMINO REAL, STE 212
City-St-Zip: BOCA RATON, FL 33432

Title: S
Name: KELLIER, DIONNE
Address: ONE WEST CAMINO REAL, STE 212
City-St-Zip: BOCA RATON, FL 33432

I hereby 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 all other like empowered.

SIGNATURE: NICOLE KELLIER

VP

01/22/2010

Electronic Signature of Signing Officer or Director

Date