2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 20, 2006
Secretary of State

DOCUMENT# P05000146671

Entity Name: AMNA HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

15271 NW 60TH AVENUE STE 106
MIAMI LAKES, FL 33014

New Principal Place of Business:

15485 EAGLE NEST LANE
#210
MIAMI LAKES, FL 33014

Current Mailing Address:

15271 NW 60TH AVENUE STE 106
MIAMI LAKES, FL 33014

New Mailing Address:

15485 EAGLE NEST LANE
#210
MIAMI LAKES, FL 33014

FEI Number: 81-0680867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD, STE 221E
PALM BCH GARDENS, FL 33410 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

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: LOPEZ, JEANNEL
Address: 7208 JACARANDA LANE
City-St-Zip: MIAMI, FL 33014

Title: VAT ( ) Delete
Name: ARAGON-LOPEZ, ANA
Address: 7212 JACARANDA LANE
City-St-Zip: MIAMI, FL 33014

Title: VS ( ) Delete
Name: CRUZ, JEANNIE
Address: 14511 SW 162 STREET
City-St-Zip: MIAMI, FL 33177

Title: VAS (X) Delete
Name: GONZALEZ, NELSON
Address: 5450 WEST 1ST AVENUE
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VS (X) Change ( ) Addition
Name: LOPEZ, JADIAM L
Address: 7212 JACARANDA LANE
City-St-Zip: MIAMI, FL 33014

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

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: JEANNEL LOPEZ PT 11/20/2006

Electronic Signature of Signing Officer or Director — Date