

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90017 014 \*\*\*150.00

<b>DOCUMENT # P06000033777</b> 1. Entity Name <b>CARDIAC NURSE CONSULTANTS, INC.</b>					
Principal Place of Business <b>3200 COLLINS AVENUE</b> <b>11-1</b> <b>MIAMI BEACH, FL 33140</b>			Mailing Address <b>3200 COLLINS AVENUE</b> <b>11-1</b> <b>MIAMI BEACH, FL 33140</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="font-size: 1.5em; font-family: monospace;">204611651</div>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>RECHANI, JESSICA</b> <b>3200 COLLINS AVENUE</b> <b>11-1</b> <b>MIAMI BEACH, FL 33140</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px;">FL</div> <div style="border: 1px solid black; padding: 2px;">Zip Code</div> </div>	
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.  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature is required when re-electing)</small>					
<b>FILE NOW!!! FEB IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>RECHANI, JESSICA</b> <b>3200 COLLINS AVE APT. 11-1</b> <b>MIAMI BEACH, FL 33140</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>J. Rechani</i> <b>Jessica F. Rechani</b> <span style="float: right;">1-20-07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					