

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000076717

FILED
Mar 25, 2007
Secretary of State

Entity Name: KINDHEARTED NURSE STAFFING INC

Current Principal Place of Business:

P.O. BOX 8006
LAKELAND, FL 33802

New Principal Place of Business:

1425 HALLAM DRIVE
LAKELAND, FL 33813

Current Mailing Address:

1425 HALLAM DRIVE
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 77-0661994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILHOMME, JEAN A SR.
1425 HALLAM DRIVE
LAKELAND, FL 33813 US 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILHOMME, JEAN A SR.
Address: 1425 HALLAM DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: VP () Delete
Name: MILHOMME, YOLENE
Address: 1425 HALLAM DRIVE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MILHOMME, JEAN A SR.
Address: 1425 HALLAM DRIVE
City-St-Zip: LAKELAND, FL 33813

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: JEAN A MILHOMME

P

03/25/2007

Electronic Signature of Signing Officer or Director

Date