

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000100454

Entity Name: VIRTUAL NURSE, INC.

FILED
Feb 23, 2007
Secretary of State

Current Principal Place of Business:

7108 FAIRWAY DRIVE
SUITE 215
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

Current Mailing Address:

7108 FAIRWAY DRIVE
SUITE 215
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

FEI Number: 51-0598040 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AMELIA REA MAGUIRE PA
2715 TOLEDO STREET
CORAL GABLES, FL 33134 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: D, P () Delete
Name: KELLY, MARY JOAN
Address: 7108 FAIRWAY DRIVE, SUITE 215
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: D, T () Delete
Name: MAGUIRE, AMELIA REA
Address: 2715 TOLEDO STREET
City-St-Zip: CORAL GABLES, FL 33134 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change () Addition
Name: KELLY, MARY JOAN
Address: 7108 FAIRWAY DRIVE, SUITE 215
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: DTS (X) Change () Addition
Name: MAGUIRE, AMELIA REA
Address: 2715 TOLEDO STREET
City-St-Zip: CORAL GABLES, FL 33134 US

Title: P () Change (X) Addition
Name: JANE, GOULD
Address: 2901 S. BAYSHORE DRIVE, APT 4E
City-St-Zip: MIAMI, FL 33133

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: AMELIA REA MAGUIRE

DTS

02/23/2007

Electronic Signature of Signing Officer or Director

_____ Date