

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000128819

FILED
Apr 30, 2008
Secretary of State

Entity Name: LEGAL NURSE CONSULTING OF BREVARD, INC.

Current Principal Place of Business:

811 HUNTERS CREEK DRIVE
WEST MELBOURNE, FL 32904

New Principal Place of Business:

105 TURPIAL WAY
108
MELBOURNE, FL 32901

Current Mailing Address:

811 HUNTERS CREEK DRIVE
WEST MELBOURNE, FL 32904

New Mailing Address:

105 TURPIAL WAY
108
MELBOURNE, FL 32901

FEI Number: 03-0612840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODE, PATRICIA
811 HUNTERS CREEK DRIVE
WEST MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

GOODE, PATRICIA
105 TURPIAL WAY
#108
MELBOURNE, FL 32901 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: PATRICIA GOODE

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: GOODE, PATRICIA
Address: 811 HUNTERS CREEK DRIVE
City-St-Zip: WEST MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: GOODE, PATRICIA
Address: 105 TURPIAL WAY # 108
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA GOODE

CEO

04/30/2008

Electronic Signature of Signing Officer or Director

Date