

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90023 010 ***150.00

DOCUMENT # P06000147229 1. Entity Name NURSING CONNECTION REGISTRY, INC.					
Principal Place of Business 5320 EDGEWATER DR ORLANDO, FL 32810			Mailing Address 5320 EDGEWATER DR ORLANDO, FL 32810		
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 <i>Applying for License</i> <i>Business not operational yet</i>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARD, LINDA 5320 EDGEWATER DR ORLANDO, FL 32810			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WARD, LINDA 5320 EDGEWATER DR ORLANDO, FL 32810		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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>Linda W Ward</i> LINDA WARD			Date 5-1-07 Daytime Phone # 407-294-5004		

ATTACHMENT

MAY 1, 2007

Division of Corporations
PO Box 8800
Tallahassee, FL 32314

40116241
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To whom it may concern,

The purpose of this letter is to explain the circumstances affecting my filing my Annual Report on May 1, 2007

On May 27, 2007 my accountant abandoned the office with no communication as to what paperwork was processed or in the process of completion.

Upon sorting through the mass of unfinished paperwork left behind on May 1, 2007, I found the postcard for the Annual Report.

I attempted several times to call the 850-245-6056 telephone number for guidance and advice unsuccessfully because the phones were continuously busy to see if there was record on my filing the Annual Report.

I then tried to go online, but my computer was having network connection errors. Finally I was able to access www.sunbiz.org, but my several attempts were unsuccessful due to the message conveyed that Website unable to process @ this time / please try again later and eg. error please try again later. As a result I was unable to access the forms on May 1, 2007

I tried again on May 2, 2007 and after several attempts with the same messages I was able to download the forms, but the website would not allow me to pay on-line. As a result I am now mailing the forms with my payment of \$150.00

I am asking for your understanding of my unfortunate and unforeseen circumstances as to why my payment was not processed or mailed on May 1, 2007.

Thank you for your cooperation and consideration concerning my explanation.

Respectfully yours,


Linda Ward, President

The NURSING CONNECTION REGISTRY, INC.

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