2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

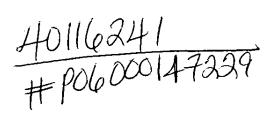
May 18, 2007 8:00 am Secretary of State DOCUMENT # P06000147229 1. Entity Name 05-18-2007 90023 010 ***150 00 NURSING CONNECTION REGISTRY, INC. Principal Place of Business Mailing Address 5320 EDGEWATER DR 5320 EDGEWATER DR 40110---ORLANDO, FL 32810 ORLANDO, FL 32810 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05022007 CR2E034 (12/06) City & State City & State 4. FEI Number Applying for License Applied For business not operational Not Applicable yet Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WARD, LINDA Street Address (P.O. Box Number is Not Acceptable) 5320 EDGEWATER DR ORLANDO, FL 32810 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition Delete TITLE ☐ Change NAME WARD, LINDA 5320 EDGEWATER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32810 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

ATTACHMENT

MAY 1, 2007

Division of Corporations PO Box 8800 Tallahassee, FL 32314



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 I, 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 Warp, President

The NURSing COINNECTION REGISTRY, INC.

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