2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005
Secretary of State

DOCUMENT# P93000074422

Entity Name: AGAPE NURSING SERVICES, INC.

Current Principal Place of Business:

402 SW EYERLY AVENUE
PORT SAINT LUCIE, FL 34983 US

New Principal Place of Business:

5545 N W KAPPA COURT
PORT SAINT LUCIE, FL 34986 US

Current Mailing Address:

402 SW EYERLY AVENUE
PORT SAINT LUCIE, FL 34983 US

New Mailing Address:

5545 N W KAPPA COURT
PORT SAINT LUCIE, FL 34986 US

FEI Number: 65-0449696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BACHMANN, JAYCINTH
402 S W EYERLY AVE
PORT ST LUCIE, FL 34983 US

Name and Address of New Registered Agent:

BACHMANN, JAYCINTH
5545 N W KAPPA COURT
PORT ST LUCIE, FL 34986 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: _____ 04/05/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BACHMANN, JAYCINTH
Address: 402 SW EYERLY AVE
City-St-Zip: PORT ST LUCIE, FL

Title: D ( ) Delete
Name: BACHMANN, DANIEL
Address: 402 SW EYERLY AVE
City-St-Zip: PORT ST LUCIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BACHMANN, JAYCINTH
Address: 5545 N W KAPPA COURT
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: D (X) Change ( ) Addition
Name: BACHMANN, DANIEL
Address: 5545 N W KAPPA COURT
City-St-Zip: PORT ST LUCIE, FL 34986 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DANIEL BACHMANN D 04/05/2005
Electronic Signature of Signing Officer or Director — Date