MAR-22-2004 10:23P FROM:

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Secretary of State
05-17-2006 90018 038 ***150.00

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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000068835

1. Entity Name
ET NURSE CONSULTANTS, INC.

Principal Place of Business
2323 CURLEW RD
#6A
DUNEDIN, FL 34698

Mailing Address
P.O. BOX 773
TARPON SPRINGS, FL 34688

DO NOT WRITE IN THIS SPACE

05112006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0520942

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOTAL BOOKKEEPING SERVICE
2155 GRAND BLVD.
HOLIDAY, FL 34690

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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: Carolyn Hewett 5/11/06
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature is required when reinstating) DATE

FILE NOW!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HEWETT, CAROLYN
STREET ADDRESS	89 HIGHLAND RD.
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Carolyn Hewett 727-420-8393
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #