## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000087327

WILLIAMS, JULIA

7702 BRISTOL PARK DR

APOLLO BEACH, FL 33572 US

Name:

Address:

City-St-Zip:

FILED Apr 11, 2006 Secretary of State

Entity Nar	ne: NURTE	C, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
3201 PINELLAS PL TAMPA, FL 33619				3201 PINELLAS PL TAMPA, FL 33619 US			
Current Mailing Address:				New Mailing Address:			
3201 PINE TAMPA, FI				3201 PINEL TAMPA, FL		US	
FEI Number:	59-3338716	FEI Number Applied For (	) FEI Num	nber Not Appli	icable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
105 7 AVE C/O ABAC	I, CHERYL A NE US BUS & T. L 33570 US	AX SVS INC					
	named entity of Florida.	submits this statement for	the purpose of	f changing it	s registere	ed office or registered agent, or both,	
SIGNATUR	RE:						
	Electro	onic Signature of Registere	d Agent			Date	
Election Car	npaign Financi	ng Trust Fund Contribution (X	).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PTD ( GREEN, WILI 3201 PINELL TAMPA, FL 3	AS PLACE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VD ( GREEN, ELIZ 3201 PINELL TAMPA, FL 3	AS PLACE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	PTD ( GREEN, WILI 3201 PINELL TAMPA, FL 3	AS PLACE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	SD (	) Delete		Title:	SD	(X) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

GREEN, JONATHAN

LUTZ, FL 33558 US

5652 SAILFISH DR. APT. B

SIGNATURE: WILLIE B. GREEN SR. PTD 04/11/2006