

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000065851

Entity Name: NURSING STYLES, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

5681 SARA AVE
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 5282
SARASOTA, FL 34277

New Mailing Address:

FEI Number: 65-0684135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, WILLIAM
4034 GREEN POINT CT
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: KELLY, PAMELA
Address: 4034 GREEN POINT CT
City-St-Zip: SARASOTA, FL 34233

Title: VPD () Delete
Name: KELLY, WILLIAM
Address: 4034 GREEN POINT COURT
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM KELLY

VP

04/27/2005

Electronic Signature of Signing Officer or Director

Date