2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005
Secretary of State

DOCUMENT# P96000079444

Entity Name: NURSES LOVING HEARTS, INC.

Current Principal Place of Business:

945 7TH STREET NORTHWEST
LARGO, FL 33770

New Principal Place of Business:

945 7TH STREET N.W.
LARGO, FL 33770

Current Mailing Address:

945 7TH STREET NORTHWEST
LARGO, FL 33770

New Mailing Address:

945 7TH STREET N.W.
LARGO, FL 33770

FEI Number: 65-0723957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STAINES, FROILAN
945 7TH STREET NORTHWEST
LARGO, FL 34640 US

Name and Address of New Registered Agent:

STAINES, FROILAN
945 7TH STREET N.W.
LARGO, FL 33770 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: _____ 04/23/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STAINES, FROILAN
Address: 12092 71 WAY NORTHWEST
City-St-Zip: LARGO, FL 33773

Title: VP ( ) Delete
Name: STAINES, LUZ
Address: 12092 71 WAY NORTHWEST
City-St-Zip: LARGO, FL 33773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: STAINES, FROILAN T
Address: 12092 71 WAY N.
City-St-Zip: LARGO, FL 33773

Title: VP (X) Change ( ) Addition
Name: STAINES, LUZ C
Address: 12092 71 WAY N.
City-St-Zip: LARGO, FL 33773

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: FROILAN T STAINES P 04/23/2005
Electronic Signature of Signing Officer or Director — Date