

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000032885

Entity Name: WORKING NURSES INC.

FILED
May 30, 2005
Secretary of State

Current Principal Place of Business:

6920 N.W. 34TH STREET
MARGATE, FL 330638043

New Principal Place of Business:

1837 NW 38TH AVE.
LAUDERHILL, FL 33311

Current Mailing Address:

6920 N.W. 34TH STREET
MARGATE, FL 330638043

New Mailing Address:

247 STRATHMORE CIRCLE
KISSIMMEE, FL 34744

FEI Number: 65-1001994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PORTER, CLAUDETTE
6920 N.W. 34TH STREET
MARGATE, FL 330638043 US

Name and Address of New Registered Agent:

PORTER, CLAUDETTE
247 STRATHMORE CIRCLE
KISSIMMEE, FL 34744 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: CLAUDETTE PORTER

05/30/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PORTER, CLAUDETTE
Address: 6920 N.W. 34TH STREET
City-St-Zip: MARGATE, FL 330638043

Title: VD () Delete
Name: PORTER, CARL
Address: 6920 N.W. 34TH STREET
City-St-Zip: MARGATE, FL 330638043

Title: SD () Delete
Name: PORTER, CLAUDETTE
Address: 6920 N.W. 34TH STREET
City-St-Zip: MARGATE, FL 330638043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PORTER, CLAUDETTE
Address: 247 STRATHMORE CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: VD (X) Change () Addition
Name: PORTER, CARL
Address: 247 STRATHMORE CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: SD (X) Change () Addition
Name: PORTER, CHALLAE
Address: 247 STRATHMORE CIRCLE
City-St-Zip: KISSIMMEE, FL #4744

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: CLAUDETTE PORTER MSN RN

PD

05/30/2005

Electronic Signature of Signing Officer or Director

Date