2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005
Secretary of State

DOCUMENT# P99000060907

Entity Name: ELITE MEDICAL STAFFING, INC.

Current Principal Place of Business:

1110 DOUGLAS AVE.
STE 1018
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

1110 DOUGLAS AVE.
STE 1018
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3585945 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENNESSEY, JOHN R
5449 MAPLE RIDGE COURT
SANFORD, FL 32771 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: P ( ) Delete
Name: NASTRI, ALICE
Address: 5449 MAPLE RIDGE COURT
City-St-Zip: SANFORD, FL 32771

Title: VP ( ) Delete
Name: HENNESSEY, JOHN
Address: 5449 MAPLE RIDGE COURT
City-St-Zip: SANFORD, FL 32771

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: JOHN HENNESSEY VP 01/18/2005

Electronic Signature of Signing Officer or Director Date