


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

10/2

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 22 AM 10:12

DOCUMENT # S13977		
1. Entity Name NURSE MATES, INC.		

Principal Place of Business 302 11TH AVE. N.E. ST. PETERSBURG, FL 33701	Mailing Address 302 11TH AVE. N.E. ST. PETERSBURG, FL 33701
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07142005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3037897		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERTHELOT, MARLENE C. 325 49TH ST N SAINT PETERSBURG, FL 33710		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTHELOT, MARLENE C. 210 82ND AVE. NORTH ST. PETERSBURG, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Marlene C. Berthelot 325 49th St North ST PETERSBURG, FL 33710 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition new address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400058968384 08/25/05--01045--023 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marlene C Berthelot, President 7/26/05 (727) 742-6974  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2 of 2

**Nurse Mates Inc.  
302 11th Avenue NE.  
St. Petersburg, Fla. 33701.**

July 5, 2005.

**Florida Department of State Division of Corporation.  
Corporate Records  
Post Office Box 6327  
Tallahassee, Fl. 32314.**

To whom it may concern,

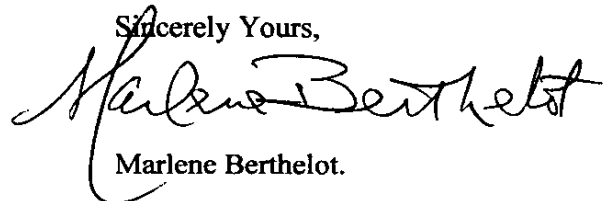
I Marlene Berthelot own three corporations in the state of Florida.

- Nurse Mates, Inc.
- The Butterfly Manor Inc.
- Mate Management, Inc.

To the best of my knowledge i have filed on time for all three corporations at the same time with different checks and forms but mailed together. i am attaching the certificate for Mate Management, Inc. I have not received any correspondences for either The Butterfly Manor, Inc and Nurse Mates, Inc except a notice of dissolution. Please look into this matter. i am prepared to pay the original fee not late fee. Please send the forms for Nurse Mates, Inc and The Butterfly Manor, Inc. at your earliest convenience.

I hope this matter can be resolved in the very near future.

Sincerely Yours,



Marlene Berthelot.