

2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 22, 2009
Secretary of State**

DOCUMENT# F01000005256

Entity Name: NOVATIONS GROUP, INC.

Current Principal Place of Business:

10 GUEST STREET
STE 300
BOSTON, MA 02135 US

New Principal Place of Business:

Current Mailing Address:

10 GUEST STREET
STE 300
BOSTON, MA 02135 US

New Mailing Address:

FEI Number: 04-3445017 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: HYTER, MICHAEL
Address: 10 GUEST STREET
City-St-Zip: BOSTON, MA 02135 US

Title: T () Delete
Name: STONEHOUSE, S. GARRETT
Address: 10 GUEST STREET
City-St-Zip: BOSTON, MA 02135 US

Title: S () Delete
Name: STONEHOUSE, GARRETT
Address: 10 GUEST STREET
City-St-Zip: BOSTON, MA 02135 US

Title: CFO () Delete
Name: SCHENKLER, SHELDON
Address: 10 GUEST ST
City-St-Zip: BOSTON, MA 02135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated in Chapter 119, 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: SHELDON SCHENKLER

CFO

01/22/2009

Electronic Signature of Signing Officer or Director

Date