

2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Dec 21, 2009
Secretary of State**

DOCUMENT# P08000082922

Entity Name: INNOVA WORLD WIDE INC

Current Principal Place of Business:

4400 NORTHCORP PARKWAY
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

7410 S FEDERAL HWY
SUITE 405
PORT ST LUCIE, FL 34952 US

Current Mailing Address:

4400 NORTHCORP PARKWAY
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

7410 S FEDERAL HWY
SUITE 405
PORT ST LUCIE, FL 34952 US

FEI Number: 26-3307991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITEHEAD, PATRICK M ESQ.
215 SOUTH OLIVE AVE.
SUITE 400
WEST PALM BEACH, FL 33401 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: PATRICK M. WHITEHEAD ESQ

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: MARQUART, JAMES F P
Address: 4400 NORTHCORP PARKWAY
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: VPD () Delete
Name: TRIOLO, DONALD J
Address: 4400 NORTHCORP PARKWAY
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: COOD () Delete
Name: TARIF, CHERIE COO
Address: 20123 TAMiami AVE
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARQUART, JAMES F P
Address: 8154 14TH HOLE DR
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: VPD (X) Change () Addition
Name: TRIOLO, DONALD J
Address: 636 WELLS COURT - UNIT 401
City-St-Zip: CLEARWATER, FL 33756 US

Title: COOD (X) Change () Addition
Name: FULLMAN, THOMAS H COO
Address: 3929 NE SKYLINE DR
City-St-Zip: JENSEN BEACH, FL 34957 US

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: JAMES F. MARQUART

PD

12/21/2009

Electronic Signature of Signing Officer or Director

Date