2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007
Secretary of State

DOCUMENT# F00000005857

Entity Name: NOVA TECHNOLOGIES AN EMPLOYEE OWNED SERVICES COMPANY

Current Principal Place of Business:

429 S TYNDALL PARKWAY
SUITE S
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

429 S TYNDALL PARKWAY
SUITE S
PANAMA CITY, FL 32404

New Mailing Address:

FEI Number: 59-3668895 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARE, DIANE C CPA
2589 JENKS AVE.
PANAMA CITY, FL 32405 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: DC ( ) Delete
Name: BLACK, JAMES A III
Address: 5219 MELISSA DR
City-St-Zip: PANAMA CITY, FL 32404

Title: DV ( ) Delete
Name: CALLOWAY, DAVID L
Address: 3466 SCOUT LAKE LANE
City-St-Zip: OVIEDO, FL 32765

Title: DV ( ) Delete
Name: RUSHE, RANDALL G
Address: 8206 PALM COVE BLVD
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: DP ( ) Delete
Name: THOMAS, ALFRED
Address: 4319 CANDLEWOOD LANE
City-St-Zip: PONCE INLET, FL 32127

Title: DV ( ) Delete
Name: JOHNSON, BART
Address: 14519 RIVIERA POINTE DRIVE
City-St-Zip: ORLANDO, FL 32828

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:

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 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 A. BLACK, III DC 02/09/2007

Electronic Signature of Signing Officer or Director — Date