2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001079

Entity Name: NOVAPRO, INC. OF DELAWARE

FILED Jan 11, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	'ESTSHORE E						
Current Mailing Address:				New Mailing Address:			
6551 PARK OF COMMERCE BLVD NW STE 200 ATTN: SHELLEY KAYE BOCA RATON, FL 33487				6551 PARK OF COMMERCE BLVD NW ATTN: STEPHANIE PAPOULIS BOCA RATON, FL 33487			
FEI Number	FEI Number: 65-1157593 FEI Number Applied For ()		FEI Number Not Applicable () Certificate		Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1201 HAY	S STREET SSEE, FL 323		ournose o	f changing	its realistered	office or registered agent, or both,	
	e of Florida.	submits this statement for the p	our pose of	changing	is registered	office of registered agent, or both,	
SIGNATUI	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	ANENBERG, V	COMMERCE BLVD., N.W., #200		Title: Name: Address: City-St-Zip:	ANENBERG,	OF COMMERCE BLVD., N.W.,	
Title: Name: Address: City-St-Zip:	S (RUBIN, STEPH 1585 BROADW NEW YORK, N	/AY		Title: Name: Address: City-St-Zip:	(() Change() Addition	
Title: Name: Address: City-St-Zip:	IVES, RICHARI	COMMERCE BLVD., N.W., #200		Title: Name: Address: City-St-Zip:	(() Change() Addition	
Title:	AS () Delete		Title:	AS (X) Change()Addition	

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: SUSAN E. BALL A/S 01/11/2005

6551 PARK OF COMMERCE BLVD., N.W., #200

6551 PARK OF COMMERCE BLVD., N.W., #200

BOCA RATON, FL 33487

BOCA RATON, FL 33487

BOSHART, JOSEPH

() Delete

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

6551 PARK OF COMMERCE BLVD., N.W.,

6551 PARK OF COMMERCE BLVD., N.W.,

(X) Change () Addition

BOCA RATON, FL 33487

BOCA RATON, FL 33487

BOSHART, JOSEPH