

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003876

Entity Name: NOVONICS CORPORATION

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

2451 CRYSTAL DR., SUITE 1103
ARLINGTON, VA 22202

New Principal Place of Business:

Current Mailing Address:

2451 CRYSTAL DR., SUITE 1103
ARLINGTON, VA 22202

New Mailing Address:

FEI Number: 33-0360394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA FILING AND SEARCH SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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: PT () Delete
Name: BURKE, MICHAEL T
Address: 2451 CRYSTAL DR STE 1103
City-St-Zip: ARLINGTON, VA 22202

Title: VP () Delete
Name: JANOWIAK, THADDEUS J
Address: 2448 HISTORIC DECATUR RD STE 225
City-St-Zip: SAN DIEGO, CA 92106

Title: S () Delete
Name: BREWER, JAMES D
Address: 2451 CRYSTAL DR STE 1103
City-St-Zip: ARLINGTON, VA 22202

Title: VP () Delete
Name: KNIGHT, TERRY
Address: 200 GOLDEN OAK CT SUITE 275
City-St-Zip: VIRGINIA BEACH, VA 23452

Title: VP () Delete
Name: ACTON, BRUCE J
Address: 2448 HISTORIC DECATUR RD STE 225
City-St-Zip: SAN DIEGO, CA 92106

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: MICHAEL T BURKE

PT

04/23/2007

Electronic Signature of Signing Officer or Director

Date