
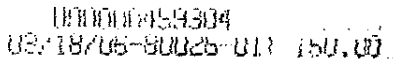
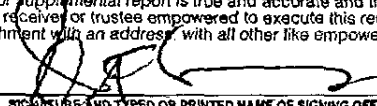


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000000863		
1. Entity Name NOVA ANALYTICS CORPORATION		
Principal Place of Business 6E GILL ST WOBURN, MA 01801	Mailing Address 6E GILL ST WOBURN, MA 01801	
DO NOT WRITE IN THIS SPACE		
		 01112008 No Chg-P CR2E034 (11/05)
		4. FEI Number 74-3052193 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO BARBOOKIES, JAMES 6E GILL ST WOBURN, MA 01801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCFO KENNEDY, JOHN F 6E GILL ST WOBURN, MA 01801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CIFRINO, DAVID 6E GILL ST WOBURN, MA 01801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBOOKIES, JAMES 6E GILL ST WOBURN, MA 01801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVOGT-WINKLER, PETRA 6E GILL ST WOBURN, MA 01801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICK, CHRISTOPHE W 6E GILL ST WOBURN, MA 01801	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/2/06 781-932-3171 x201 Date Daytime Phone #