

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005906

FILED  
Jul 18, 2005  
Secretary of State

Entity Name: NOVALIS TECHNOLOGIES, INC.

## Current Principal Place of Business:

5670 SPRING GARDEN ROAD SUITE 200  
HALIFAX B3J1H5  
NOVA SCOTIA, XX

## Current Mailing Address:

5670 SPRING GARDEN ROAD SUITE 200  
HALIFAX B3J1H5  
NOVA SCOTIA, XX

## New Principal Place of Business:

5670 SPRING GARDEN ROAD  
SUITE 200  
HALIFAX, NS B3J 1H5 CA

## New Mailing Address:

5670 SPRING GARDEN ROAD  
SUITE 200  
HALIFAX, NS B3J 1H5 CA

FEI Number: 22-3889098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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

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: D ( ) Delete  
Name: MILLER, ALEX  
Address: 5670 SPRING GARDEN ROAD SUITE 200  
City-St-Zip: HALIFAX, NOVA SCOTIA B3J 1H5,

Title: P ( ) Delete  
Name: WATERS, GARY  
Address: 5670 SPRING GARDEN ROAD SUITE 200  
City-St-Zip: HALIFAX, NOVA SCOTIA B3J 1H5,

Title: S ( ) Delete  
Name: BAYLEY, DOUGLAS  
Address: 5670 SPRING GARDEN ROAD SUITE 200  
City-St-Zip: HALIFAX, NOVA SCOTIA B3J 1H5,

## 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:

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.

SIGNATURE: GARY WATERS

MR

07/18/2005

Electronic Signature of Signing Officer or Director

Date