2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000351

Current Mailing Address:

Entity Name: NOVA FINANCIAL PARTNERS, INC.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18302 HIGHWOODS PRESERVE PARKWAY 8710 W HILLSBOROUGH AVE

STE 110 SUITE 356 TAMPA, FL 33647 TAMPA, FL 33615

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18302 HIGHWOODS PRESERVE PARKWAY 8710 W HILLSBOROUGH AVE

STE 110 SUITE 356

TAMPA, FL 33647 TAMPA, FL 33615

FEI Number: 37-1491854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

New Mailing Address:

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LUCAS, MICHAEL L SALEM, ROBERT H

18302 HIGHWOODS PRESERVE PARKWAY 8710 W HILLSBOROUGH AVE

STE 110 SUITE 356 TAMPA, FL 33647 US TAMPA, FL 33615 US

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: ROBERT SALEM 04/28/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS () Delete Title: DS (X) Change () Addition

Name: SALEM, ROBERT H Name: SALEM, ROBERT H

Address: 18302 HIGHWOODS PRESERVE PARKWAY Address: 8710 W HILLSBOROUGH AVE, STE 356

City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33615

Title: DP () Delete Title: DP (X) Change () Addition

Name: LUCAS, MICHAEL L Name: LUCAS, MICHAEL L

Address: 18302 HIGHWOODS PRESERVE PARKWAY Address: 8710 W HILLSBOROUGH AVE, STE 356

City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33615

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: ROBERT SALEM DS 04/28/2006