

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000351

FILED
Apr 10, 2007
Secretary of State

Entity Name: NOVA FINANCIAL PARTNERS, INC.

Current Principal Place of Business:

8710 W HILLSBOROUGH AVE
SUITE 356
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

8710 W HILLSBOROUGH AVE
SUITE 356
TAMPA, FL 33615

New Mailing Address:

FEI Number: 37-1491854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALEM, ROBERT H
8710 W HILLSBOROUGH AVE
SUITE 356
TAMPA, FL 33615 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: DS () Delete
Name: SALEM, ROBERT H
Address: 8710 W HILLSBOROUGH AVE, STE 356
City-St-Zip: TAMPA, FL 33615

Title: DP () Delete
Name: LUCAS, MICHAEL L
Address: 8710 W HILLSBOROUGH AVE, STE 356
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROBERT SALEM

DS

04/10/2007

Electronic Signature of Signing Officer or Director

Date