


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90121 006 \*\*\*150.00

**DOCUMENT # F05000002169**

1. Entity Name  
 NOVAMIN TECHNOLOGY, INC.



Principal Place of Business  
 13709 PROGREE BLVD., SUITE 23  
 ALACHUA, FL 32615

Mailing Address  
 13709 PROGREE BLVD., SUITE 23  
 ALACHUA, FL 32615

2. Principal Place of Business  
 13709 PROGRESS BLVD

3. Mailing Address  
 13709 PROGRESS BLVD

Suite, Apt. #, etc.  
 Box 23

Suite, Apt. #, etc.  
 Box 23

City & State  
 ALACHUA FL

City & State  
 ALACHUA FL

Zip  
 32615

Country



04172006 Chg-P CR2E034 (11/05)

4. FEI Number  
 20-2617187

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SCOTT, RANDOLPH L  
 13709 PROGREE BLVD., SUITE 23  
 ALACHUA, FL 32615

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCOTT, RANDOLPH L 7821 N.W. 51ST DRIVE GAINESVILLE, FL 32553 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KONG, GARHENG 406 BLACKWELL ST STE 200 DURHAM NC 27701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, BANNUS B 10 ARDEN ROAD BERKELEY, CA 94704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEGELE, CHRIS 406 BLACKWELL ST STE 200 DURHAM NC 27701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREENSPAN, DAVID C 3116 N.W. 62ND TERRACE GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCLEOD, WILLIAM F 5525 SW 93RD WAY GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOTIZ, ARTHUR C 1331 NORTH 1ST STREET, #901 JACKSONVILLE, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LA TORRE, GASTANO 4416 NW 60TH TERRACE GAINESVILLE, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** William F. McLeod **WILLIAM F. MCLEOD** 4-17-06 386-418-1551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #