

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002169

Entity Name: NOVAMIN TECHNOLOGY, INC.

FILED
Feb 13, 2009
Secretary of State

Current Principal Place of Business:

13859 PROGRESS BLVD
#600
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

13859 PROGRESS BLVD
#600
ALACHUA, FL 32615

New Mailing Address:

FEI Number: 20-2617187 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, RANDOLPH L
13859 PROGRESS BLVD #600
ALACHUA, FL 32615 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: DP () Delete
Name: SCOTT, RANDOLPH L
Address: 7821 N.W. 51ST DRIVE
City-St-Zip: GAINESVILLE, FL 32553

Title: D () Delete
Name: HUDSON, BANNUS B
Address: 10 ARDEN ROAD
City-St-Zip: BERKELEY, CA 94704

Title: V () Delete
Name: ROTHFRITZ, ROBERT
Address: 4431 NW 53RD STREET
City-St-Zip: GAINESVILLE, FL 32606

Title: ST () Delete
Name: MCLEOD, WILLIAM F
Address: 5525 SW 93RD WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: WOTIZ, ARTHUR C
Address: 1331 NORTH 1ST STREET, #901
City-St-Zip: JACKSONVILLE, FL 32250

Title: V () Delete
Name: LA TORRE, GAETANO
Address: 4416 NW 60TH TERRACE
City-St-Zip: GAINESVILLE, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HEGELE, CHRIS
Address: 406 BLACKWELL ST., SUITE #200
City-St-Zip: DURHAM, NC 27701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BROOKE, WILLIAM
Address: 2100 THIRD AVE NORTH, SUITE 600
City-St-Zip: BIRMINGHAM, AL 35203

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM F MCLEOD

ST

02/13/2009

Electronic Signature of Signing Officer or Director

_____ Date