

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005327

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** NOVA-AGS HOTEL RENOVATION AND CONSTRUCTION,INC.

**Current Principal Place of Business:**

8900 SHARON DRIVE  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

**Current Mailing Address:**

8900 SHARON DRIVE  
NEW PORT RICHEY, FL 34654

**New Mailing Address:**

**FEI Number:** 20-5241997

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 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: CP ( ) Delete  
Name: HARDY, CHIP  
Address: 419 SPLIT RAIL LANE  
City-St-Zip: ANAHEIM HILLS, CA 92807

Title: VCST ( ) Delete  
Name: CHAN, PAUL  
Address: 20160 PASEO DEL PRADO SUITE C  
City-St-Zip: WALNUT, CA 91789

Title: VP ( ) Delete  
Name: LIM, WAI  
Address: 223 LENTA LANE  
City-St-Zip: ARCADIA, CA 91006

**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 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:** CHIP HARDY

CP

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date