


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000004685 1. Entity Name NOVA PLUMBING TECHNOLOGIES, INC.	
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Principal Place of Business 336 GOLF VIEW ROAD, #502 NORTH PALM BEACH, FL 33408	Mailing Address 336 GOLF VIEW ROAD, #502 NORTH PALM BEACH, FL 33408
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DO NOT WRITE IN THIS SPACE

07302008 No Chg-P CR2E034 (11/05)	
4. FEI Number 58-2291489	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARTINEAU, JOHN C 336 GOLF VIEW ROAD, #502 NORTH PALM BEACH, FL 33408	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEAU, JOHN C 336 GOLF VIEW ROAD, #502 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARTINEAU, DAVID L 11A W. 84TH STREET, APT. 2B NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/04/08-80001-022 150.00

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: *John C. Martineau* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____