## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F92000000425

NOVA PROPLICE INC

Address:

City-St-Zip:

727 LAKESHORE DR.

DELRAY BEACH, FL 33483

FILED Apr 19, 2007 Secretary of State

Entity Nan	ne: NOVAPRO	ODUCE INC.				
Current Principal Place of Business:			New Pri	New Principal Place of Business:		
3380 WOODS EDGE CIR., SUITE 102 BONITA SPRINGS, FL 34134 US			102	3380 WOODS EDGE CIRCLE 102 BONITA SPRINGS, FL 34134 US		
Current Mailing Address:			New Ma	New Mailing Address:		
3380 WOODS EDGE CIR., SUITE 102 BONITA SPRINGS, FL 34134 US			102	3380 WOODS EDGE CIRCLE 102 BONITA SPRINGS, FL 34134 US		
FEI Number:	65-0370232	FEI Number Applied For ( )	FEI Number Not Ap	oplicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name ar	Name and Address of New Registered Agent:		
BOCA RAT	DES RD., #400 ON, FL 33431 named entity si		ırpose of changinς	g its registe	ered office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent				Date		
Election Carr	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DP ( ) I BUDD, GARY 4324 BRYNWOO NAPLES, FL 34		Title: Name: Address: City-St-Zip	:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BARIBEAU, LEO	OODS EDGED CIR	Title: Name: Address: City-St-Zip		(X) Change()Addition R, KEN 80 WOODS EDGED CIR, STE 102 SPRINGS, FL 34134	
Title: Name:	D ()I	Delete	Title: Name:	D BECK. C	(X) Change ( ) Addition	

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.

Address:

City-St-Zip:

727 LAKESHORE DR.

DELRAY BEACH, FL 33444

SIGNATURE: KEN KACHUR ST 04/19/2007