


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F96000001563	
1. Entity Name NOVA FACTOR, INC.	

Principal Place of Business 1620 CENTURY CENTER PKWY, SUITE 109 MEMPHIS, TN 38134	Mailing Address 1620 CENTURY CENTER PKWY, SUITE 109 MEMPHIS, TN 38134
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04122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 62-1439852	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  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STEVENS, DAVID 1640 CENTURY CENTER PKWY., SUITE 101 MEMPHIS, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROW, JOHN R 1620 CENTURY CENTER PKWY, SUITE 109 MEMPHIS, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV KIMBROUGH, JOEL 1640 CENTURY CENTER PKWY., SUITE 101 MEMPHIS, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV BELL, THOMAS W JR 1640 CENTURY CENTER PKWY., SUITE 101 MEMPHIS, TN 38134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000153468 05/04/04-80127-020 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Thomas W. Bell, Jr. Thomas W. Bell, Jr. 4/28/04 901-385-38166  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #