

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F97000002662

1. Entity Name
NOVA TECHNOLOGIES AN EMPLOYEE OWNED
ENGINEERING COMPANY



Principal Place of Business
429 SOUTH TYNDALL PKWY
SUITE S
PANAMA CITY, FL 32404

Mailing Address
429 SOUTH TYNDALL PKWY
SUITE S
PANAMA CITY, FL 32404

**FILED
May 02, 2006 08:00 AM
Secretary of State**



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3425094	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARE, DIANE CPA
2589 JENKS AVE.
PANAMA CITY, FL 32405

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BLACK III, JAMES A
STREET ADDRESS 5219 MELISSA DR
CITY-ST-ZIP PANAMA CITY, FL

TITLE VSD
NAME RUSHE, RANDALL G
STREET ADDRESS 8206 PALM COVE BLVD
CITY-ST-ZIP PANAMA CITY BEACH, FL

TITLE CTD
NAME CALLOWAY, DAVID L
STREET ADDRESS 3466 SCOUT LAKE LANE
CITY-ST-ZIP OVIEDO, FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UD00000557946
05/17/06-80076-003 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 Apr 06 850-914-0002

Date

Daytime Phone #