2008 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an

FILED DOCUMENT # J16900 Sep 15, 2008 08:00 AM Secretary of State NOVA DEVELOPMENT CORP. Principal Place of Business Mailing Address 1729 E. COMMERCIAL BLVD 1729 E. COMMERCIAL BLVD STE 213 FT. LAUDERDALE, FL 33334 FT. LAUDERDALE, FL. 33334 07292008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2567893 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CINICOLA, PASCAL DO NOT WRITE 1729 E. COMMERCIAL BLVD. STE 213 FT, LAUDERDALE, FL 33334 IN THIS SPACE 8. The above named enuty 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 12, 2008 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE TERSHING, RAHEJA NAME 213 NARMON POINT STREET ADDRESS BOMBAY, INDIA, CITY-ST-ZIP U00000959692 MILLE 09/15/08-80002-026 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE HILE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I neceby 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 traiting empoyered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 in

other like empowered.

NTED NAME OF SIGNIN

appearsun Block 10 or Block 11 if

Davime Phone *