

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000062949

Entity Name: NOVA MATERIALS, INC.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

4997 A ONIEL LANE
TALLAHASSEE, GA 30303

New Principal Place of Business:

4997 A ONIEL LANE
TALLAHASSEE, FL 30303

Current Mailing Address:

PO BOX 180397
TALLAHASSEE, FL 323180004

New Mailing Address:

PO BOX 180397
TALLAHASSEE, FL 32318

FEI Number: 59-3726460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, SUE D
4997 A ONIEL LANE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, SUE D
Address: 5073 FLAGSTONE CT
City-St-Zip: TALLAHASSEE, FL 32303

Title: V () Delete
Name: PEAVY, M D III
Address: 8906 FLORIDA GEORGIA HIGHWAY
City-St-Zip: HAVANA, FL 32333

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: SUE D. SMITH

PRES

01/16/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date