

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000041042

Entity Name: NOVENA, INC.

FILED
Apr 12, 2006
Secretary of State

Current Principal Place of Business:

616 E LAUREL POINT DR
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

616 E LAUREL POINT DR
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 04-3646152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARSHALL, GARY LEE
616 EAST LAUREL POINTE DR
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

MARSHALL, GARRY L
616 EAST LAUREL POINTE DR
LAKELAND, FL 33813 US

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: GARRY L MARSHALL

04/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: MARSHALL, HENRY W JR
Address: 252 SUNLIT COVE DR NE
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: CFOV () Delete
Name: MARSHALL, GARRY L
Address: 616 EAST LAUREL POINTE DR
City-St-Zip: LAKELAND, FL 33813

Title: V () Delete
Name: EDUARDO, GOGEL
Address: 60 ENCLAUDE DR
City-St-Zip: WINTER HAVEN, FL 63884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: GARRY L MARSHALL

CFOV

04/12/2006

Electronic Signature of Signing Officer or Director

Date