

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 28 AM 8:35

158.75

DOCUMENT # P02246	
1. Entity Name NOVA MARKETING & DEVELOPMENT CORPORATION	



Principal Place of Business 1717 PENN AVE. SUITE #5006 PITTSBURGH, PA 15221-2695	Mailing Address 1717 PENN AVE. SUITE #5006 PITTSBURGH, PA 15221-2695
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DO NOT WRITE IN THIS SPACE



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2415664	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HCRM, CORP. 2200 CORPORATE BLVD., N.W. STE. 401 BOCA RATON, FL 33431
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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	P MCKINNEY, JOHN T 1717 PENN AVE., STE. 5016 PITTSBURG, PA 15221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKINNEY, JAMES D 1717 PENN AVE. STE. 5016 PITTSBURGH, PA 15221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PASQUALE, JOSEPH 1717 PENN AVE., SUITE 5016 PITTSBURGH, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKINNEY, J. DONALD 1717 PENN AVE., STE 5016 PITTSBURGH, PA 15221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DETRE, MARJORIE 1717 PENN AVE., STE 5016 PITTSBURGH, PA 15221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/23/05 Date	412-371-5105 Daytime Phone #
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Joseph Pasquale
Joseph Pasquale