


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 08:00 AM
Secretary of State

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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03222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2415664	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HCRM, CORP.
2200 CORPORATE BLVD., N.W.
STE. 401
BOCA RATON, FL 33431

**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 _____ (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	P
NAME	MCKINNEY, JOHN T
STREET ADDRESS	1717 PENN AVE., STE. 5016
CITY-ST-ZIP	PITTSBURGH, PA 15221
TITLE	VP
NAME	MCKINNEY, JAMES D
STREET ADDRESS	1717 PENN AVE. STE. 5016
CITY-ST-ZIP	PITTSBURGH, PA 15221
TITLE	T
NAME	PASQUALE, JOSEPH
STREET ADDRESS	1717 PENN AVE., SUITE 5016
CITY-ST-ZIP	PITTSBURGH, PA
TITLE	VP
NAME	MCKINNEY, J. DONALD
STREET ADDRESS	1717 PENN AVE., STE 5016
CITY-ST-ZIP	PITTSBURGH, PA 15221
TITLE	AS
NAME	DETRIE, MARJORIE
STREET ADDRESS	1717 PENN AVE., STE 5016
CITY-ST-ZIP	PITTSBURGH, PA 15221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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: Joseph Pasquale **JOSEPH PASQUALE** 3/23/06 412-371-5705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #