


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02246</b>	
1. Entity Name <b>NOVA MARKETING &amp; DEVELOPMENT CORPORATION</b>	

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



04052007 No Chg-P CR2E034 (11/05)

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

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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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKINNEY, JOHN T 1717 PENN AVE., STE. 5016 PITTSBURGH, 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 DETRIE, MARJORIE 1717 PENN AVE., STE 5016 PITTSBURGH, PA 15221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000752035  
05/18/07-80126-018 158.75

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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:** \_\_\_\_\_ **4/18/07** **412-371-5105**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #