


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 15, 2008 08:00 AM
Secretary of State**

DOCUMENT # P02246 1. Entity Name NOVA MARKETING & DEVELOPMENT CORPORATION	
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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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04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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, 2008 Fee will be \$550.00**

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

U00000898987
04/28/08-80020-017 158.75

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 DETRIE, MARJORIE 1717 PENN AVE., STE 5016 PITTSBURGH, PA 15221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 4/11/08 412-371-5105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #