
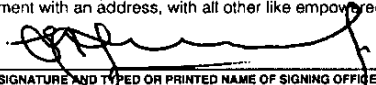


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90114 005 ***150.00

DOCUMENT # P04000023403 1. Entity Name NOVO TEMPO INVESTMENTS & DEVELOPMENT, INC.																																			
Principal Place of Business 11799 GULF BLVD TREASURE ISLAND, FL 33706			Mailing Address 11799 GULF BLVD TREASURE ISLAND, FL 33706																																
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																	
City & State		City & State																																	
Zip	Country	Zip	Country																																
6. Name and Address of Current Registered Agent GOMES, GUSTAVO A 11799 GULF BLVD TREASURE ISLAND, FL 33706				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																															
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.				4. FEI Number 37-1484676																															
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																															
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																															
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GOMES, GUSTAVO A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11799 GULF BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TREASURE ISLAND, FL 33706</td> <td></td> </tr> </table>						TITLE	D	<input type="checkbox"/> Delete	NAME	GOMES, GUSTAVO A		STREET ADDRESS	11799 GULF BLVD		CITY-ST-ZIP	TREASURE ISLAND, FL 33706		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: 																																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																			
Date: 3/31/05 Daytime Phone #: 727-798-7648																																			