FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90317 040 ***100.00
02-07-2005 90085 033 ****50.00

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

50025011

DOCUMENT # P04000066969

1. Entity Name
NOVA VENTURE CAPITAL GROUP, INC.

Principal Place of Business	Mailing Address
~~625 N. FLAGLER DRIVE~~ ~~SUITE 509~~ WEST PALM BEACH, FL 33401	~~625 N. FLAGLER DRIVE~~ ~~SUITE 509~~ ~~WEST PALM BEACH, FL 33401~~

2. Principal Place of Business	3. Mailing Address
Alexander, Gary D. CPA **1151 S.W. 30th Street** **Suite E** **Palm City, FL 34990**	**Alexander Company, CPA's** **Gary Alexander, CPA** **PO Box 590** **Palm City, FL 34991-0590**

62005 Chg-P CR2E034 (10/03)

EI Number: 20-1195156 ☐ Applied For ☐ Not Applicable

Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~ZANARDI, DAVID G~~ ~~625 N. FLAGLER DRIVE~~ ~~SUITE 509~~ ~~WEST PALM BEACH, FL 33401~~	Name / Street / City / Zip Code: **Alexander, Gary D. CPA** **1151 S.W. 30th Street** **Suite E** **Palm City, FL 34990**

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: Gary D. Alexander — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE: 2/7/05

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~PRES~~ ~~ZANARDI, DAVID G~~ ~~625 N. FLAGLER DRIVE SUITE 509~~ ~~WEST PALM BEACH, FL 33401~~	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S [redacted] **Gary Alexander, CPA** **PO Box 590** **Palm City, FL 34991-0590**	☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Gary D. Alexander — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 2/7/05 — Daytime Phone #: 772-288-2775