2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT								_	SECRE	TARLEU			
DOCUMENT # P04000101826									DIVISION OF THE	inky op Cokel	STATE		
1. Entity Name NOVA TIERRA INVESTMENTS, INC.									06 FEB	~O 644	**************************************	S	
										o AFI	9: 57		
Principal Place of Business				Mailing Address									
17060 SW 53 CT Miamar, FL 33027				17060 SW 53 CT Miamar, Fl. 33027									
				(man, 12 0002)					Dani Biri Bonk Bani I	TOTAL MANAGEMENT (C)	19: I SII S (I SI SI SI)		
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.				01212005	Chg-P	CR2E0	34 (10/03)		
City & State			C	City & State				4. FEI Numbe 20-13			— — — — — — — — — — — — — — — — — — — 	plied For Applicable	
Zip	Country			Zip Count							\$8.75 Addi	itional	
	ered Agent		Nome		7. Name and	Address of New		<u>-</u>					
CAMPANIONI, YAMILET					Name			s (P.O. Box Number is Not Acceptable)					
17060 SW 53 CT MIAMAR, FL 33027				Street			oress (P.O. Box Numbe	er is Not Acceptal	ole)			
,							City				Zip Code		
8. The above named entity submits this statement for the number of changing its registers							register	red agent or ho	th in the State of	FL Florida Lam	<u> </u>		
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: typed or printed name of registered Agent and title if applicable. (NOTE: Registered							ra required	(when roinstating)	· · · · · · · · · · · · · · · · · · ·	01/2]	_/05		
		FEE IS \$150,00 5 Fee will be \$5		 Election Campa Trust Fund Cont 		ncing		.00 May Be led to Fees					
10.		OFFICERS /	ND DIREC	TORS .	11,			ADDITIONS/	CHANGES TO O	FFICERS AND	DIRECTORS	S IN 11	
TITLE NAME	D Delete CAMPANIONI, YAMILET					E IE	DPS		VANTI ET		Change	Addition	
STREET ADDRESS CITY-ST-ZIP	17060 SV	V 53 CT		STRE				IPANIONI 160 SW 53		AMAR, FL	33027		
TITLE	MIAMAR	FL 33027		□ Defete	TITE						☐ Change	Addition	
NAME STREET ADDRESS					NAM STR	RE EET ADDRESS			10006	3127	170		
CITY-ST-ZIP						-ST-ZIP		027: 	17/06010	J14~~UU:	} ***15t	J. IJU	
TITLE NAME				Delete	TITL		DVT		*****		☐ Change	Addition	
STREET ADDRESS					STR	EET ADDRESS '-ST-ZIP		GIO CAMP 060 SW 53	ANIONI CT MIRAN	MAR,FL	33027		
CITY-ST-ZIP				☐ Delete	TITL						☐ Change	☐ Addition	
NAME STREET ADDRESS					NAM STR	re Eet address							
CITY-ST-ZIP						-ST-ZIP							
TITLE				☐ Delete	TITL NAM						☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					STR	EET ADDRESS							
TITLE			<u> </u>	☐ Delete	Tril						☐ Change	Addition	
NAME STREET ADDRESS					NAA STR	AE Eet address			•				
CITY-31-ZIP	<u> </u>	·			CITY	(+ST-ZIP							
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 inclosated 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 frustee 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.													
01/21/05 786-295-4379													
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Proce #													