


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90096 021 \*\*\*150.00

<b>DOCUMENT # P04000145930</b> 1. Entity Name <b>NUVIANCE, INC.</b>					
Principal Place of Business <b>6222 TOWER LANE B-4 SARASOTA, FL 34240</b>			Mailing Address <b>6222 TOWER LANE, B-4 SARASOTA, FL 34240</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3787552</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>EDWARDS, JOHN L MR.</b> <del>2038 BOUGAINVILLEA STREET</del> <b>3953 Hamilton Club</b> <b>SARASOTA, FL</b> <b>6222 Tower Lane, B-4</b> <b>Sarasota, FL 34240</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>OF DVP</b>	NAME <b>SAND, BRUCE M.D.</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>2955 E. HILLCREST DR., #121</b>	CITY-ST-ZIP <b>WESTLAKE VILLAGE, CA 91362</b>		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>DVP</b>	NAME <b>EDWARDS, JOHN</b>		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>6222 TOWER LANE, B-4</b>	CITY-ST-ZIP <b>SARASOTA, FL 34240</b>		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>VP P</b>	NAME <b>FANJOY, MARK</b>		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <del>2055 E. HILLCREST DR., #121</del> <b>2001 Roadrunner Ave.</b>	CITY-ST-ZIP <del>WESTLAKE VILLAGE, CA 91362</del> <b>Thousand Oaks, CA 91320</b>		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <u><i>John L. Edwards</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>1/29/2007</b> Date		
<b>741-378-9847</b> Daytime Phone #					