2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# P04000145930

Entity Name: NUVIANCE, INC.

Current Principal Place of Business:

6222 TOWER LANE B-4
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

6222 TOWER LANE, B-4
SARASOTA, FL 34240

New Mailing Address:

6222 TOWER LANE B-4
SARASOTA, FL 34240

FEI Number: 59-3787552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, JOHN L MR.
6222 TOWER LANE B-4
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete
Name: SAND, BRUCE M.D.
Address: 2955 E. HILLCREST DR., #121
City-St-Zip: WESTLAKE VILLAGE, CA 91362 US

Title: DVP ( ) Delete
Name: EDWARDS, JOHN
Address: 6222 TOWER LANE, B-4
City-St-Zip: SARASOTA, FL 34240 US

Title: P ( ) Delete
Name: FANJOY, MARK
Address: 2001 ROAD RUNNER AVE
City-St-Zip: THOUSAND OAKS, CA 91320 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change ( ) Addition
Name: SAND, BRUCE M.D.
Address: 2955 E. HILLCREST DR., #107
City-St-Zip: WESTLAKE VILLAGE, CA 91362 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: //JOHN L. EDWARDS// TREA 03/11/2009

Electronic Signature of Signing Officer or Director Date