2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000162366

Entity Name: NORVEGIA CORPORATION

FILED Feb 13, 2006 Secretary of State

•						
Current Principal Place of Business:			New Prin	New Principal Place of Business:		
2705 TAMIAMI TRL STE 211 PUNTA GORDA, FL 33950				525 EAST OLYMPIA AVENUE SUITES 5&6 PUNTA GORDA, FL 33950		
Current M	lailing Address:		New Mai	ling Addres	s:	
2705 TAMIAMI TRL STE 211 PUNTA GORDA, FL 33950				525 EAST OLYMPIA AVENUE SUITES 5&6 PUNTA GORDA, FL 33950		
FEI Number Applied For () FEI N			FEI Number Not Ap	plicable (X)	Certificate of Status Desired ()	
Name and	l Address of Cur	rent Registered Agent:	Name an	d Address o	of New Registered Agent:	
KAYWELL, JAMES W 2705 TAMIAMI TRL STE 211 PUNTA GORDA, FL 33950 US			525 EAST SUITES 5	RUGGIERI, DAVID E MD 525 EAST OLYMPIA AVENUE SUITES 5&6 PUNTA GORDA, FL 33950 US		
	named entity sub of Florida.	mits this statement for the	purpose of changing	its registere	d office or registered agent, or both,	
SIGNATURE: DAVID E RUGGIERI, MD				02/13/2006		
	Electronic	Signature of Registered Ag	ent		Date	
		(b), F.S., the corporation did nust Fund Contribution ().	ot receive the prior not	ice.		
OFFICER	S AND DIRECTO	RS:	ADDITIO	NS/CHANG	ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D () De RUGGIERI, DAVID 525 E OLYMPIA AV PUNTA GORDA, FI	E /E STES 5 & 6	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	() De	lete	Title: Name: Address: City-St-Zip:	DR LIU, RUI HA 108 STOCK ITHACA, NY	ING HALL	
Title: Name: Address: City-St-Zip:	() De	lete	Title: Name: Address: City-St-Zip:		()Change(X)Addition HERYL DLYMPIA AVENUE RDA, FL 33950	
Title: Name: Address: City-St-Zip:	() De	lete	Title: Name: Address: City-St-Zip:		() Change (X) Addition JRA G DLYMPIA AVENUE RDA, FL 33950	

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID E RUGGIERI DR 02/13/2006
