

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000162366

1. Entity Name  
NORVEGIA CORPORATION



Principal Place of Business  
525 EAST OLYMPIA AVENUE  
SUITES 5&6  
PUNTA GORDA, FL 33950

Mailing Address  
525 EAST OLYMPIA AVENUE  
SUITES 5&6  
PUNTA GORDA, FL 33950



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RUGGIERI, DAVID E MD  
525 EAST OLYMPIA AVENUE  
SUITES 5&6  
PUNTA GORDA, FL 33950

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

U00000585197  
01/12/07-80067-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RUGGIERI, DAVID E
STREET ADDRESS	525 E OLYMPIA AVE STES 5 & 6
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	DR
NAME	LIU, RUI HAI
STREET ADDRESS	108 STOCKING HALL
CITY-ST-ZIP	ITHACA, NY 14853
TITLE	MS
NAME	OLIVER, CHERYL
STREET ADDRESS	525 EAST OLYMPIA AVENUE
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	MS
NAME	WHITE, LAURA G
STREET ADDRESS	525 EAST OLYMPIA AVENUE
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-07 941 637 7000