

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 10, 2008 8:00 am**  
**Secretary of State**

07-10-2008 90014 044 \*\*\*550.00

**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**

**40110057**



2. Principal Place of Business - No P.O. Box # **713 E Marion Ave**  
 Suite, Apt. #, etc. **Suite 141**  
 City & State **Punta Gorda FL**

3. Mailing Address **713 E. Marion Ave**  
 Suite, Apt. #, etc. **Suite 141**  
 City & State **Punta Gorda, FL**

07072008 Chg-P CR2E034 (12/06)

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**~~  
**713 E Marion Ave Suite 141**  
**Punta Gorda, FL 33950**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RUGGIERI, DAVID E</b> <del><b>525 E OLYMPIA AVE STES 5 &amp; 6 PUNTA GORDA, FL 33950</b></del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DR LIU, RUI HAI</b> <b>108 STOCKING HALL ITHACA, NY 14853</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>MS OLIVER, CHERYL</b></del> <del><b>525 EAST OLYMPIA AVENUE PUNTA GORDA, FL 33950</b></del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MS WHITE, LAURA G</b> <del><b>525 EAST OLYMPIA AVENUE PUNTA GORDA, FL 33950</b></del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Ruggieri, David E</b> <b>713 E. Marion Ave. Suite 141</b> <b>Punta Gorda, FL 33950</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MS White, Laura G</b> <b>713 E. Marion Ave. Suite 141</b> <b>Punta Gorda, FL 33950</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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.

**SIGNATURE:** \_\_\_\_\_ **7-8-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #