

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27805

FILED
Jan 06, 2004
Secretary of State

Entity Name: NOVA INSURANCE GROUP, INC.

Current Principal Place of Business:

P.O. BOX 520953
MIAMI, FL 33152 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 520953
MIAMI, FL 331520953 US

New Mailing Address:

FEI Number: 06-1276047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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: PD () Delete
Name: ERNST, NORMAN F
Address: 180 OAK ST
City-St-Zip: BUFFALO, NY 14203

Title: DST () Delete
Name: HOOVER, CHRISTOPHER C
Address: 6663 E. EDEN RD
City-St-Zip: HAMBURG, NY 14075

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DST (X) Change () Addition
Name: HOOVER, CHRISTOPHER C
Address: 180 OAK ST
City-St-Zip: BUFFALO, NY 14203

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHRISTOPHER C. HOOVER

DST

01/06/2004

Electronic Signature of Signing Officer or Director

_____ Date