2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H22100

1. Entity Name

NOBLE INTERNATIONAL INVESTMENTS, INC.



FILED Apr 13, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

6501 CONGRESS AVENUE

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SUITE 100 SUITE 100 BOCA RATON, FL 33487 US BOCA RATO

BOCA RATON, FL 33487



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03192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2502457

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRONK, NICO 6501 CONGRESS AVENUE SUITE 100 BOCA RATON, FL 33487

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

OFFICERS AND DIRECTORS

(NOTE: Registered Agant signature required when reinstating)

DATE

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

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

TITLE NAME STREET ADDRESS CTTY-ST-ZIP	P NICO, PRONK 6501 CONGRESS AVENUE SUITE 100 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORNE, WAYNE 6501 CONGRESS AVENUE SUITE 100 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07

Daytime Phone #