


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 01, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000069558  
 1. Entity Name  
 NOBLE WEBWORKS, INC.



Principal Place of Business      Mailing Address  
 8010 DESOTO WOODS DR      8010 DESOTO WOODS DR  
 SARASOTA, FL 34243      SARASOTA, FL 34243



03052003    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-3667312      Not Applicable

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

6. Name and Address of Current Registered Agent  
 SCHMUCKER, DARYL L  
 8010 DESOTO WOODS DR  
 SARASOTA, FL 34243

**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 \_\_\_\_\_ 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 8, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SCHMUCKER, DARYL L
STREET ADDRESS	8010 DESOTO WOODS DR
CITY - ST - ZIP	SARASOTA, FL 34243
TITLE	V
NAME	SCHMUCKER, DORIS L
STREET ADDRESS	8010 DESOTO WOODS DR
CITY - ST - ZIP	SARASOTA, FL 34243
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Daryl L. Schmucker    Daryl L. Schmucker    5/25/04    (941) 371-6481 x206  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone \*