


2007 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # P04000031844 1. Entity Name NOBLE RESORTS CORPORATION	
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07 MAY 25 PM 1:15
TALLAHASSEE STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3015 N OCEAN BLVD SUITE 121 FORT LAUDERDALE, FL 33308	Mailing Address 3015 N OCEAN BLVD SUITE 121 FORT LAUDERDALE, FL 33308
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04232007 Chg-P CR2E034 (12/06)

City & State Zip Country	City & State Zip Country	4. FEI Number 20-0741099
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Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent FOSTER, REBECCA A 3015 N. OCEAN BLVD, STE 121 FORT LAUDERDALE, FL 33308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD FOSTER, REBECCA A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, REBECCA A	NAME	200104253362
STREET ADDRESS	3015 N OCEAN BLVD SUITE 121	STREET ADDRESS	05/12/07--01006--001 **\$295.00
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	CITY-ST-ZIP	
TITLE	VD OTTINO, J.P. III <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTINO, J.P. III	NAME	ottino III, J.P.
STREET ADDRESS	3015 N OCEAN BLVD SUITE 121	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	CITY-ST-ZIP	
TITLE	VTD LANDAU, MARC J <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDAU, MARC J	NAME	
STREET ADDRESS	3015 N OCEAN BLVD SUITE 121	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	MM
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ **954.563.2444**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #