2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000002931

1. Entity Name
NOBLE CAPITAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
6501 CONGRESS AVENUE SUITE 100 BOCA RATON, FL 33487	6501 CONGRESS AVENUE SUITE 100 BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

01202006   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0733078	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

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2006 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	00000004F2379 03/21/06 80035-001 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	PRONK, NICO P PRESIDE
STREET ADDRESS	6501 CONGRESS AVENUE SUITE 100
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   3/7/06   561-994-1191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #