

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90071 046 ***150.00

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03152007 Chg-P CR2E034 (12/06)

4. FEI Number **58-1799179** Applied For ☐ Not Applicable ☐

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

DOCUMENT # F00000004025

1. Entity Name
NORO MANAGEMENT, INC.



Principal Place of Business Mailing Address
~~104 INTERSTATE NORTH-
PARKWAY EAST SE-
ATLANTA, GA 30339~~ ~~104 INTERSTATE NORTH-
PARKWAY EAST SE-
ATLANTA, GA 30339~~

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2060 Mount Paran Road **2060 Mount Paran Road**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 205 **Suite 205**

City & State City & State
Atlanta, GA **Atlanta, GA**

Zip Country Zip Country
30327 USA **30327 USA**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC SEXTON, JOHN W 104 INTERSTATE NORTH PKWY EAST SE ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Grove, Paul M. 2060 Mt. Paran Road, Suite 205 Atlanta, GA 30327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEZZULLO, ARTHUR III 104 INTERSTATE NORTH PKWY EAST SE ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Mezzullo III, Arthur 2060 Mt. Paran Road, Suite 205 Atlanta, GA 30327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GROVE, PAUL M 104 INTERSTATE NORTH PKWY EAST SE ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Herman, Adriana W. 2060 Mt. Paran Road, Suite 205 Atlanta, GA 30327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: PAUL M. GROVE, PRESIDENT **3/22/07** **404.240.6240**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #