


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000004140</b> 1. Entity Name <b>NOBLE AMERICAS CORP.</b>					
Principal Place of Business <b>STAMFORD HARBOR PARK 333 LUDLOW STREET, SUITE 1230 STAMFORD, CT 06902</b>			Mailing Address <b>STAMFORD HARBOR PARK 333 LUDLOW STREET, SUITE 1230 STAMFORD, CT 06902</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEL CASTILLO, VINCENTE		NAME		
STREET ADDRESS	333 LUDLOW STREET, SUITE 1230		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD, CT 06902		CITY-ST-ZIP	U00000463893 03/21/05-80094-010 150.00	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REICH, THOMAS F		NAME		
STREET ADDRESS	333 LUDLOW ST.		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD, CT 06902		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BADER, STEVEN		NAME		
STREET ADDRESS	333 LUDLOW STREET, SUITE 1230		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD, CT 06902		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIZE, GARY		NAME		
STREET ADDRESS	38 GLOVERSTER RD.		STREET ADDRESS		
CITY-ST-ZIP	WANCHAI, HONG KONG,		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EMANUELE, JAMES M		NAME		
STREET ADDRESS	333 LUDLOW STREET, SUITE 1230		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD, CT 06902		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZICHICHI, FABRIZIO		NAME		
STREET ADDRESS	333 LUDLOW ST.		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD, CT 06902		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: <u>AS Bader - Steven Bader</u>			Date: <u>1/27/06</u> 203-324-8555		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		