
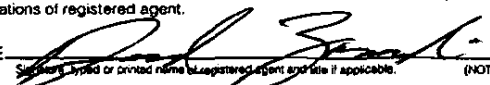
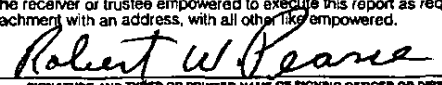


FILED  
Mar 05, 2004 8:00 am  
Secretary of State

02-06-2004 90037 026 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # F03000004711</b>					
1. Entity Name <b>NOBIDDING INCORPORATED</b>					
Principal Place of Business <b>625 N FLAGLER DRIVE #509 WEST PALM BEACH, FL 33401</b>			Mailing Address <b>625 N FLAGLER DRIVE #509 WEST PALM BEACH, FL 33401</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>22-3653107</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ALEXANDER, GARY CPA 625 N FLAGLER DRIVE #509 WEST PALM BEACH, FL 33401</b>				Name <b>ZANARDI, DAVID G</b> Street Address (P.O. Box Number is Not Acceptable) <b>625 N. FLAGLER DRIVE</b> Suite <b>509</b> City <b>WEST PALM BEACH</b> FL Zip Code <b>33401</b>	
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 <b>2/17/04</b> <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKER, GERALD C</b>			NAME	
STREET ADDRESS	<b>625 N FLAGLER DRIVE #509</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>			CITY-ST-ZIP	
TITLE	DST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEARCE, ROBERT W</b>			NAME	
STREET ADDRESS	<b>625 N FLAGLER DRIVE #509</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>			CITY-ST-ZIP	
TITLE	<b>CEO</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALANDRO, MICHAEL</b>			NAME	
STREET ADDRESS	<b>625 N FLAGLER DRIVE #509</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>			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	
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	
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 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: 				Date <b>2-2-04</b> Daytime Phone # <b>561-820-2444</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					