

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F04000007009

Entity Name: NOEL DAVID, INC.

FILED
May 27, 2008
Secretary of State**Current Principal Place of Business:**731 DUVAL STN RD STE 107-406
JACKSONVILLE, FL 32218 US**New Principal Place of Business:**228 SANWICK DRIVE
JACKSONVILLE, FL 32218 US**Current Mailing Address:**731 DUVAL STN RD STE 107-406
JACKSONVILLE, FL 32218 US**New Mailing Address:**228 SANWICK DRIVE
JACKSONVILLE, FL 32218 US

FEI Number: 58-1810530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:DAVID, NOEL A
228 SANWICK DRIVE
JACKSONVILLE, FL 32218 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DP () Delete
Name: DAVID, NOEL A
Address: 228 SANWICK DRIVE
City-St-Zip: JACKSONVILLE, FL 32218Title: DST () Delete
Name: DAVID, PAULA J
Address: 228 SANWICK DRIVE
City-St-Zip: JACKSONVILLE, FL 32218**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOEL A DAVID

DP

05/27/2008

Electronic Signature of Signing Officer or Director

Date