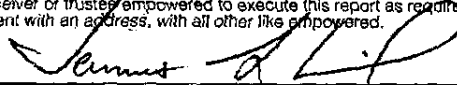


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000006924		
1. Entity Name NOELWERKS, INC.		
Principal Place of Business 1145 CLARK ST. STEVENS POINT, WI 54481	Mailing Address 1145 CLARK ST. STEVENS POINT, WI 54481	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FLAVELL, JAMES 305 S. ANDREWS AVE. STE. 900 FT. LAUDERDALE, FL 33301		DO NOT WRITE IN THIS SPACE
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D NOEL, JOHN M 1145 CLARK ST. STEVENS POINT, WI 54481	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ROSE, JOHN M 1145 CLARK ST. STEVENS POINT, WI 54481	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP FLAVELL, JAMES 305 S ANDREWS AVE STE 900 FORT LAUDERDALE, FL 33301	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST KOZIOL, JAMES L 1145 CLARK ST. STEVENS POINT, WI 54481	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS 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: 		Date: 3/21/06 Daytime Phone #: 715 340-9015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



03202006 No Chg-P CR2E034 (11/05)

4. FEI Number 39-1938332	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

U00000482911
04/11/06-80095-010 150.00

**DO NOT WRITE
IN THIS SPACE**