
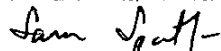


FILED
Jul 02, 2007 8:00 am
Secretary of State

40122464



DOCUMENT # F06000001554				07-02-2007 90038 016 ***158.75	
1. Entity Name NOAH CONSTRUCTION INC					
Principal Place of Business 6118 SAINT GILES ST #130 RALEIGH, NC 27612		Mailing Address 6118 SAINT GILES ST #130 RALEIGH, NC 27612			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
CONTRACTOR BUSINESS SERVICES, INC. 15409 US HWY 19 HUDSON, FL 34667		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 _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, RICHARD		NAME		
STREET ADDRESS	617 PYRACANTHA DR.		STREET ADDRESS	2440 LULLWATER DR.	
CITY-ST-ZIP	HOLLY SPRINGS, NC 27540		CITY-ST-ZIP	RALEIGH, NC 27606	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADLEY, PHILLIP		NAME		
STREET ADDRESS	2222 CLIFFSIDE DR.		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, NC 27330		CITY-ST-ZIP		
TITLE	TAS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPATAFORE, SAM		NAME		
STREET ADDRESS	338 COMMONS DR.		STREET ADDRESS	2028 GILLWELL LANE	
CITY-ST-ZIP	HOLLY SPRINGS, NC 27540		CITY-ST-ZIP	FURQUAY VARIANA, NC 27526	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOWLES, ROBERT F		NAME		
STREET ADDRESS	1001 CAMBERLEY DR.		STREET ADDRESS		
CITY-ST-ZIP	APEX, NC 27502		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOWLES, LYNNE F		NAME		
STREET ADDRESS	1001 CAMBERLEY DR.		STREET ADDRESS		
CITY-ST-ZIP	APEX, NC 27502		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADLEY, PHILLIP		NAME		
STREET ADDRESS	2222 CLIFFSIDE DR.		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, NC 27330		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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		6/27/07 919-786-2913	
				Date Daytime Phone #	