

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003189

FILED
Jun 25, 2009
Secretary of State

Entity Name: NOBLE FINANCIAL & INSURANCE SERVICES, INC.

Current Principal Place of Business:

4195 E THOUDSAND OAKS BLVD STE 201
WESTLAKE VILLAGE, CA 91362

New Principal Place of Business:

Current Mailing Address:

4195 E THOUDSAND OAKS BLVD STE 201
WESTLAKE VILLAGE, CA 91362

New Mailing Address:

FEI Number: 20-0660449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: LEVINE, BEN
Address: 4195 E THOUDSAND OAKS BLVD STE 201
City-St-Zip: WESTLAKE VILLAGE, CA 91362

Title: VCVP (X) Delete
Name: WESSELY, GARY
Address: 4195 E THOUDSAND OAKS BLVD STE 201
City-St-Zip: WESTLAKE VILLAGE, CA 91362

Title: DS (X) Delete
Name: CARRILLO, MARK
Address: 4195 E THOUDSAND OAKS BLVD STE 201
City-St-Zip: WESTLAKE VILLAGE, CA 91362

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BEN LEVINE

CPT

06/25/2009

Electronic Signature of Signing Officer or Director

Date