

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000005

FILED
Aug 03, 2007
Secretary of State

Entity Name: KINGDOM NOISE, INC.

Current Principal Place of Business:

1045 ABELL CIRCLE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

1045 ABELL CIRCLE
OVIEDO, FL 32765

New Mailing Address:

1045 ABELL CIRCLE
OVIEDO, FL 32765 US

FEI Number: 20-8413592 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WALMER, COURTNEY N
1045 ABELL CIRCLE
OVIEDO, FL 32765 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: D () Delete
Name: COOPER, SEAN P
Address: 467 DEWARS CT.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: LAIRD, GEORGE J
Address: 978 INNSWOOD CT.
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: ROBERTS, TWILA K
Address: 1041 PIEDMONT OAKS DR.
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: WALMER, COURTNEY N
Address: 1045 ABELL CIRCLE
City-St-Zip: OVIEDO, FL 32765

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COURTNEY WALMER

D

08/03/2007

Electronic Signature of Signing Officer or Director

Date