2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Apr 11, 2008 08:00 A Secretary of State **DOCUMENT # P00000106429** NOBLE SAVAGE WORKSHOP, INC. Principal Place of Business Mailing Address 1544 MICHIGAN AVE 1544 MICHIGAN AVE MAIMI BCH, FL 33139 MAIMI BCH, FL 33139 No Chg-P 04042008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1056023 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RUSSELL, DALE 1544 MICHIGAN AVE MAIMI BCH, FL 33139 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE RUSSELL, DALE NAME 1544 MICHIGAN AVE STREET ADDRESS CITY-ST-ZIP MAIMI BCH, FL 33139 U00000891651 04/23/08-80034-012 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 episowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted or on an affectional with a paddless, with all other like employered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

CNATURE AND TYPED OF BRINTED NAME OF BIGNING OFFICER OF

Russell

4408

758-7587

Daytime Phone #

Data