2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 14, 2007 08:00 AM Secretary of State **DOCUMENT # P01000027754** 1. Entity Name NORBERT ASSOCIATES INC Mailing Address Principal Place of Business **547 MATILDA PLACE 547 MATILDA PLACE** LONGWOOD, FL 32750 LONGWOOD, FL 32750 05102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3709699 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NUGENT, ROBERT O DO NOT WRITE 547 MATILDA PL LONGWOOD, FL 32750 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. 3 LDCSNIT SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS D TITLE NUGENT, ROBERT O NAME STREET ADDRESS 547 MATILDA PLACE CITY-ST-7IP LONGWOOD, FL 32750 U00000763894 05/30/07-80034-001 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 show 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 the formation or the receiver or trustee empowered to execute this report as required by the formation or the receiver or trustee empowered to execute this report as required by the formation or the receiver or trustee empowered to execute this report as required by the formation of the corporation or the receiver or trustee empowered to execute this report as required by the formation of the corporation or the receiver or trustee empowered to execute this report as required by the formation of the corporation or the receiver or trustee empowered to execute this report as required by the formation of the corporation or the receiver or trustee empowered to execute this report as required by the formation of the corporation or the receiver or trustee empowered to execute this report as required by the formation of the corporation or the receiver or trustee empowered to execute this report as required by the formation of the corporation or the receiver or trustee empowered to execute this report as required by the formation of the receiver or trustee empowered to execute this report as required by the formation of the receiver or trustee empowered to execute this report as required by the formation of the receiver or trustee empowered to execute the receiver or trustee empowered to execute the receiver of the receiver or trustee empowered to execute the receiver of the receiver or trustee empowered to execute the receiver or trustee empowered to execute the receiver of the receiver of the receiver of the receiver or trustee empowered to execute the receiver of the rec

or 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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