

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079200

Entity Name: NOE NOE INC.

FILED
Apr 11, 2006
Secretary of State

Current Principal Place of Business:

1865 PALM COVE BLVD
APT # 9-107
DELRAY BEACH, FL 33445

Current Mailing Address:

1865 PALM COVE BLVD
APT # 9-107
DELRAY BEACH, FL 33445

New Principal Place of Business:

560LAVERS CIRCLE
APT#141
DELRAY BEACH, FL 33444

New Mailing Address:

560 LAVERS CIRCLE
APT3141
DELRAY BEACH, FL 33444

FEI Number: 02-0630951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUNG, MOE K
1865 PALM COVE BLVD
APT 9-107
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

AUNG, MOE K
560 LAVERS CIRCLE
APT#141
DELRAY BEACH, FL 33444 US

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:

04/11/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AUNG, MOE K
Address: 1865 PALM COVE BLVD, APT 9-107
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AUNG, MOE K
Address: 560 LAVER CIRCLE #141
City-St-Zip: DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify for the 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: MOE K AUNG

P

04/11/2006

Electronic Signature of Signing Officer or Director

Date