## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000061591

Entity Name: NOONAN REALTY INC.

FILED Sep 06, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8409 FOREST HILL DRIVE 8957 NW 26 CT

UNIT #105 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065

Current Mailing Address: New Mailing Address:

8409 FOREST HILL DRIVE 8957 NW 26 CT

UNIT #105 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065

FEI Number: 72-1573481 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMAS, NOONAN J
8409 FOREST HILLS DR #105
THOMAS, NOONAN J
8957 NW 26 CT

CORAL SPRINGS, FL 33065 US CORAL SPRINGS, FL 33065 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: THOMAS NOONAN 09/06/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PVST () Delete
 Title:
 PVST (X) Change () Addition

 Name:
 NOONAN, THOMAS J
 Name:
 NOONAN, THOMAS J

 Address:
 8409 FOREST HILL DRIVE #105
 Address:
 8957 NW 26 CT

 Address:
 8409 FOREST HILL DRIVE #105
 Address:
 8957 NW 26 CT

 City-St-Zip:
 CORAL SPRINGS, FL 33065
 City-St-Zip:
 CORAL SPRINGS, FL 33065

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 NOONAN, THOMAS J
 Name:

 Address:
 8409 FOREST HILL DRIVE #105
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33065
 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: THOMAS NOONAN MR 09/06/2007