


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90246 001 \*\*\*150.00

DOCUMENT # P04000092736					
1. Entity Name NOBIS TECHNOLOGIES, INC.					
Principal Place of Business 1515 E. FRENCH AVE. ORANGE CITY, FL 32763 US			Mailing Address 1515 E. FRENCH AVE. ORANGE CITY, FL 32763 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1319416	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CARPENTER, MIKEL W ESQ. 218 ANNIE STREET ORLANDO, FL 32806			Name <u>Brian Gulliver</u> Street Address (P.O. Box Number is Not Acceptable) <u>1515 E. FRENCH AVE.</u> City <u>Orange City</u> FL Zip Code <u>32763</u>		
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 <u>Brian Gulliver</u>			DATE <u>1/13/06</u>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	GULLIVER, BRIAN			NAME	
STREET ADDRESS	1515 E. FRENCH AVE.			STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY, FL 32763			CITY-ST-ZIP	
TITLE	VP	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	GULLIVER, CHRIS			NAME	
STREET ADDRESS	1515 E. FRENCH AVE.			STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY, FL 32763			CITY-ST-ZIP	
TITLE	S/TR	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	GULLIVER, CHRIS			NAME	
STREET ADDRESS	1515 E. FRENCH AVE.			STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY, FL 32763			CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Chris Gulliver</u>			Date <u>1/17/06</u>		Daytime Phone # <u>886-775-0177</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #