

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000133557

FILED
Jul 18, 2006
Secretary of State

Entity Name: NOAL SMITH, INC.

Current Principal Place of Business:

121 GARFIELD DR.
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

90 BEAL PKWY
SUITE C
FORT WALTON BEACH, FL 32548 US

Current Mailing Address:

121 GARFIELD DR.
FORT WALTON BEACH, FL 32548 US

New Mailing Address:

90 BEAL PKWY
SUITE C
FORT WALTON BEACH, FL 32548 US

FEI Number: 20-1654753 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SMITH, NOAL
124 GARFIELD DR.
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, NOAL
Address: 124 GARFIELD DR.
City-St-Zip: FORT WALTON BEACH, FL 32548 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NOAL SMITH

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07/18/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date