2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000069878

City-St-Zip:

NAPLES, FL 34120

Entity Name: NOACK & COMPANY CDA FIR

FILED Apr 26, 2007 Secretary of State

Entity Name: NOACK & COMPANY CPA FIRM INC. **Current Principal Place of Business: New Principal Place of Business:** 11641 MEMORY LANE 5235 RAMSEY WAY UNIT 13 FORT MYERS, FL 33919 FORT MYERS, FL 33907 **Current Mailing Address: New Mailing Address:** 11641 MEMORY LANE 5235 RAMSEY WAY UNIT 13 FORT MYERS, FL 33919 FORT MYERS, FL 33907 FEI Number: 20-4892378 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: NOACK, JANET 11641 MEMORY LANE US FORT MYERS, FL 33919 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition NOACK, JANET A Name: Name: 11641 MEMORY LANE Address: Address: City-St-Zip: FT. MYERS, FL 33919 City-St-Zip: Title: Title: () Delete (X) Change () Addition DUNZELMAN, ELIZABETH G DUNZELMAN, ELIZABETH G Name: Name: 4759 SAN CARLO CT. 7702 GARDNER DR #201 Address: Address: NAPLES, FL 34109 NAPLES, FL 34109 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition SULEK, BEATA T Name: Name: 2980 ORANGE GROVE TRAIL Address: Address:

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.

City-St-Zip:

SIGNATURE: JANET A. NOACK P 04/26/2007