2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# P06000073652

Entity Name: NOBLE CLAIMS SERVICES, INC.

Current Principal Place of Business:

8487 S FEDERAL HWY
STE 17
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

8487 S FEDERAL HWY
STE 17
PORT SAINT LUCIE, FL 34952

New Mailing Address:

FEI Number: 20-5004011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARNEY, JOHN F JR
8487 S. FEDERAL HWY
PORT SAINT LUCIE, FL 34952 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: CARNEY, JOHN F JR.
Address: 8487 S FEDERAL HWY ST 17
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D/VP ( ) Delete
Name: CARNEY, LAURETTA
Address: 8487 S. FEDERAL HWY STE 17
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: EVP ( ) Change (X) Addition
Name: COLLICHIO, THOMAS J
Address: 8487 S FEDERAL HWY STE 17
City-St-Zip: PORT ST LUCIE, FL

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: LAURETTA CARNEY D/VP 02/18/2009
Electronic Signature of Signing Officer or Director Date