2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000063926

Entity Name: NOBLE TRUTH INC.

City-St-Zip:

MIAMI BEACH, FL 33139 US

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 940 LINCOLN ROAD #203 MIAMI BEACH, FL 33139 **New Mailing Address: Current Mailing Address:** 940 LINCOLN ROAD MIAMI BEACH, FL 33139 US FEI Number: 26-2920184 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: IGLESIAS, MARIVI 1670 BAY ROAD MIAMI BEACH, FL 33139 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: 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 MCWILLIAMS, ADRIENNE C Name: Name: 907 EUCLID AVENUE #2 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 US City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: IGLESIAS, MARIVI Name: 1670 BAY ROAD #4F Address: Address: MIAMI BEACH, FL 33139 US City-St-Zip: City-St-Zip: () Delete Title: Title: SEC () Change () Addition MCWILLIAMS, ADRIENNE C Name: Name: 907 EUCLID AVENUE #2 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 US City-St-Zip: Title: TREA () Delete Title: () Change () Addition IGLESIAS, MARIVI Name: Name: Address: 1670 BAY ROAD #4F Address:

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.

City-St-Zip:

SIGNATURE: MARIVI IGLESIAS VP 04/29/2009