


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P32825
 1. Entity Name
SABLEKNIGHT NEW YORK INC.



Principal Place of Business
C/O WIGGIN AND DANA LLP
450 LEXINGTON AVE #3800
NEW YORK, NY 10017 US

Mailing Address
C/O WIGGIN AND DANA LLP
450 LEXINGTON AVE #3800
NEW YORK, NY 10017 US



03032006 No Chg-P CR2E034 (11/05)

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4. FEI Number
22-2528763 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAY, MARIUS 47 MAZE HILL LONDON, ENGLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS HOOD, BRUCE E 450 LEXINGTON AVE #3800 NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPA DISANTO, JOSEPH 450 LEXINGTON AVE NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS PAL, ANDREW J 450 LEXINGTON AVE., #3800 NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000463700
 03/21/06-80086-014 150.00

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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 file information.

SIGNATURE:  Andrew J. Pal VP Date: 3/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

212-551-2607