2006 FOR PROFIT CORPORATION . .- ANNUAL REPORT

Feb 17, 2006 08:00 AM **DOCUMENT # P94000089783** Secretary of State NOBLES COMMUNICATIONS & CONSTRUCTION, INC. Principal Place of Business Mailing Address 2214 S PALMETTO AVE P.O. BOX 506 SANFORD, FL 32771 US SANFORD, FL 32772 02142006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3285900 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent NOBLES, JAMES R JR. DO NOT WRITE 7061 TALLOW TREE RD SANFORD, FL 32771 IN THIS SPACE 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_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FRE 13 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PVD TITLE NAME NOBLES, JAMES R. JR 7061 TALLOW TREE RD STREET ADDRESS U00000438744 SANFORD, FL CITY-ST-ZIP 03/01/06-80018-011 150.00 IIII WHIGHAM, JOHN D NAME 500 W AIRPORT BLVD, #712 STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32773 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS C17Y -ST - Z3P NAME STREET ADDRESS

FILED

12. I hereby certify that the information supplied with this filling 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 like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEDOT PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Dayling Printed Name of SIGNING OFFICER OR DIRECTOR.

CITY-ST-209