


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 10, 2005 08:00 AM  
Secretary of State

DOCUMENT # P95000026188 1. Entity Name NOELL DESIGN GROUP, INC.	
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Principal Place of Business 1050 NORTHWEST 1ST AVENUE STE 16 BOCA RATON, FL 33432 US	Mailing Address 1050 NORTHWEST 1ST AVENUE STE 16 BOCA RATON, FL 33432 US
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01042005 No Chg-P CR2E034 (10/03)

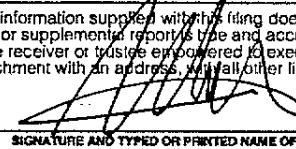
4. FEI Number 65-0568927	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  LEWIS, RONALD ESQ 2000 GLADES RD STE 306 BOCA RATON, FL 33431	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		000000175273 01/10/05-80045-015 150.00  NOELL MARK 2410 RABBIT HOLOWE CIRCLE DELRAY BCH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOELL, MARK 2410 RABBIT HOLOWE CIRCLE DELRAY BCH, FL 33445	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, and full other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	MARK NOELL, PRES. 1/5/05 561-391-9942 Date Daytime Phone #