



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90153 002 \*\*\*150.00

<b>DOCUMENT # P95000080816</b> 1. Entity Name <b>THE MICHAEL NOLES STUDIO, INC.</b>					
Principal Place of Business <b>1616 HOFFNER AVE ORLANDO, FL 32809 US</b>			Mailing Address <b>1616 HOFFNER AVE ORLANDO, FL 32809 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<b>50020949</b>  	
City & State Zip      Country		City & State Zip      Country		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>NOLES, ROXANNE FAYE 1616 HOFFNER AVE ORLANDO, FL 32809</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NOLES, ROBERT MICHAEL 1616 HOFFNER AVE ORLANDO, FL 32809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD NOLES, ROXANNE FAYE 1616 HOFFNER AVE ORLANDO, FL 32809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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 like empowered.			SIGNATURE: <i>Roxanne Faye Noles</i> 5/31/06      407-855-6964		

ATTACHMENT

May 31, 06

att: Michelle Milligan  
or to Whom it Concerns.

50020949

As per our telephone conversation, we did not receive any notice of renewal of our Corp Docs. for 2006. as I mentioned I was in the hospital, but the mail was brought to me daily. We are a small artist studio, ~~drawing, sculpture & such~~, we do not sell or do business out of the studio in our home. I try to keep up with the yearly corp Taxes because someday we may be in a place to branch out into retail. We do not own a computer, so it is impossible for us to pay via internet. Please accept this as the reason for our late payment, & accept our check in the amount of \$150.00 full payment for our 2006 Corp Taxes.

Ms. Michelle Milligan, sent us by mail the annual report, post marked May 12, 2006, it arrived at our home May 26, 2006?? I have know idea why it took so long but it did.

Thank-you  
Roxanne Page Nolas  
407-855-6964