2006 FOR PROFIT CORPORATION

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P06000049369

1. Entity Name
NOONAN INSURANCE SERVICES INC.

Principal Place of Business
873 WINDERMERE WAY
PALM BEACH GARDENS, FL 33418

Mailing Address
873 WINDERMERE WAY
PALM BEACH GARDENSFL, 33418

DO NOT WRITE IN THIS SPACE

03132006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0671458
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NOONAN, PETER J
873 WINDERMERE WAY
PALM BEACH GARDENS, FL 33418

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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: PJNoonan 03/31/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D
NAME	NOONAN, MARGE M
STREET ADDRESS	873 WINDERMERE WAY
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D
NAME	NOONAN, PETER J
STREET ADDRESS	873 WINDERMERE WAY
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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03/25/06-80025-007 150.00

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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 like empowered.

SIGNATURE: PJNoonan Peter J. Noonan 03/31/06 561-799-6683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #