

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P96000049369 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 GARDENS FL, 33418	
DO NOT WRITE IN THIS SPACE		 04112008 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0671458		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOONAN, PETER J 873 WINDERMERE WAY PALM BEACH GARDENS, FL 33418		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		04/24/08-80004-018 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOONAN, MARGE M 873 WINDERMERE WAY PALM BEACH GARDENS, FL 33418		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOONAN, PETER J 873 WINDERMERE WAY PALM BEACH GARDENS, FL 33418		
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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: <i>Peter J. Noonan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/14/08 561 799 6688 <small>Date Daytime Phone #</small>	