


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000053102		
1. Entity Name NOBLE-KIDD CORPORATION		
Principal Place of Business 1714 GOLFVIEW DR. KISSIMMEE, FL 34746		Mailing Address 1805 ROYAL LANE STE 103 DALLAS, TX 75229 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HAWLEY, TIM 1714 GOLFVIEW DR. KISSIMMEE, FL 34746		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: <u>[Signature]</u> <u>NOBLE PRES.</u> (NOTE: Registered Agent signature required when reinstating) Typed or printed name of registered agent and title if applicable.		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE	D	
NAME	NOBLE, R E	
STREET ADDRESS	1805 ROYAL LANE, STE. 103	
CITY - ST - ZIP	DALLAS, TX 75229	
TITLE	D	
NAME	KIDD, ANDREW E	
STREET ADDRESS	1805 ROYAL LANE, STE. 103	
CITY - ST - ZIP	DALLAS, TX 75229	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: <u>[Signature]</u> <u>PRES. ED, NOBLE</u> <u>972-444-9300</u> <u>4/12/06</u> Typed or printed name of signing officer or director Date Daytime Phone #		



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3384849	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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04/29/06-00133-014 150.00

DO NOT WRITE
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