
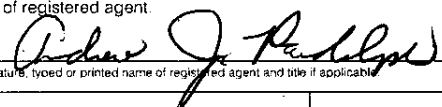
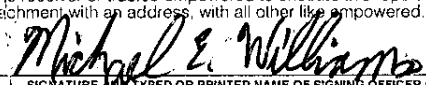


**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91067 050 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P99000109660</b>			
1. Entity Name <b>NOIR INVESTMENT CORPORATION</b>			
Principal Place of Business <b>1515 COVERED DR DELAND, FL 32724</b>		Mailing Address <b>1515 COVERED DR DELAND, FL 32724</b>	
2. Principal Place of Business <b>1515 Covered Bridge Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>1515 Covered Bridge Road</b> Suite, Apt. #, etc.	
City & State <b>DeLand, FL</b> Zip <b>32724</b> Country <b>U.S.A.</b>		City & State <b>DeLand, FL</b> Zip <b>32724</b> Country <b>U.S.A.</b>	
4. FEI Number <b>59-3613648</b>		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 <b>RANDOLPH, ANDREW J 1025 N. STAE STREET DELAND, FL 32720</b>		7. Name and Address of New Registered Agent Name <b>Randolph, Andrew J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1025 North Stone Street</b> City <b>DeLand</b> FL <b>32720</b>	
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  DATE <b>04-29-04</b> (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORLEY, MILTON D SR. 1207 S. THOMPSON AVENUE DELAND, FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, MICHAEL 1207 S. THOMPSON AVENUE DELAND, FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RANDOLPH, ANDREW J 1207 S. THOMPSON AVENUE DELAND, FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS, JOHN W 1207 S THOMPSON AVE DELAND, FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCD THOMAS, JOHN W 1207 S THOMPSON AVE DELAND, FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE _____ Daytime Phone # _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			