


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90281 027 ***150.00

DOCUMENT # F03000003911 1. Entity Name NOELKER AND HULL ASSOCIATES, INCORPORATED	
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Principal Place of Business 30 WEST KING STREET CHAMBERSBURG, PA 17201	Mailing Address 30 WEST KING STREET CHAMBERSBURG, PA 17201
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DO NOT WRITE IN THIS SPACE

02272006 No Chg-P CR2E034 (11/05)

4. FEI Number 25-1223851	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHEERIN, MICHAEL 1717 S. ORANGE AVENUE ORLANDO, FL 32806	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HULL, MICHAEL G 4670 DEER SPRING ROAD BRADDOCK HEIGHTS, MD 21714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRISTENSON, STUART <i>Allen-Hall, Michael</i> <i>522 Larkspur Lane</i> 407 WESTGATE DRIVE <i>Chambersburg, Pa</i> MT HOLLY SPRINGS, PA 17065 <i>17201</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUNSKI, PAUL <i>Harshman, Todd</i> <i>7893 Golf Vista Dr</i> 7 HILLTOP DRIVE <i>Greencastle, Pa</i> MT HOLLY SPRINGS, PA 17065 <i>17225</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEN-HALL, MICHAEL <i>Harshman, Todd</i> <i>7893 Golf Vista Dr</i> 522 LARKSPUR LANE <i>Greencastle Pa</i> CHAMBERSBURG, PA 17201 <i>17225</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Todd Harshman* p3-17-06 717-263-8464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Todd HARSHMAN