2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# F02000003042

Entity Name: BACK NINE HOLDING CORP.

Current Principal Place of Business:

C/O THOMAS C. ROBERGE
1 BEACH DRIVE, SE, SUITE 220
ST PETERSBURG, FL 33701

New Principal Place of Business:

1 BEACH DRIVE, SE, SUITE 220
ST PETERSBURG, FL 33701

Current Mailing Address:

C/O THOMAS C. ROBERGE
1 BEACH DRIVE, SE, SUITE 220
ST PETERSBURG, FL 33701

New Mailing Address:

1 BEACH DRIVE, SE, SUITE 220
ST PETERSBURG, FL 33701

FEI Number: 98-0374292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POSKUS, SUSAN I CPA
1 BEACH DRIVE, SE, SUITE 220
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: SKULASON, GUNNSTEINN
Address: 1 BEACH DR. SE, SUITE 220
City-St-Zip: ST PETERSBURG, FL 33701

Title: CD ( ) Delete
Name: SKULASON, GUNNSTEINN
Address: 1 BEACH DR. SE, SUITE 220
City-St-Zip: ST PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN INEZ POSKUS, CPA CPA 04/23/2009
Electronic Signature of Signing Officer or Director Date