## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 21, 2006 8:00 am Secretary of State DOCUMENT # P04000150450 04-21-2006 90101 005 \*\*\*150.00 1. Entity Name NINE-TWENTY ONE INC Principal Place of Business Mailing Address **1632 S SUMMERLINE AVENUE** 1632 S SUMMERLIN AVENUE ORLANDO, FL 32806 ORLANDO, FL 32806 CR2E034 (11/05) 03232006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1826344 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent KIM, JIRAK DO NOT WRITE 1632 S SUMMERLIN AVENUE ORLANDO, FL 32806 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 famillar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME JIRAK, KIM STREET ADDRESS 1632 S SUMMERLIN AVENUE ORLANDO, FL 32806 CITY-ST-72P TITLE NAME SEVI, DANTE STREET ADDRESS 1632 S SUMMERLIN AVENUE ORLANDO, FL 32806 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CSTY-ST-7IP 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.

**FILED** 

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Daytime Phone #