2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 611558

Title:

Name: Address:

City-St-Zip:

Entity Name: NINE ONE MIKE INC

FILED Jan 12, 2009 Secretary of State

Thirty Hame! Hint One Minte, into						
Current Principal Place of Business:				New Principal Place of Business:		
1625 SILVERWOOD CT N. FT. MYERS, FL 33905				1625 SILVERWOOD CT N. FT. MYERS, FL 33903		
Current Mailing Address:				New Mailing Address:		
1625 SILVERWOOD CT N. FT. MYERS, FL 33905				1625 SILVERWOOD CT N. FT. MYERS, FL 33903		
FEI Number:	59-1895976	FEI Number Applied For ()	FEI Numbe	r Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
INK, STANLEY K 1625 SILVERWOOD CT FT. MYERS, FL 33905 US			16	INK, STANLEY K 1625 SILVERWOOD CT FT. MYERS, FL 33903 US		
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:				01/12/2009		
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			Al	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CLARK, MICHAE	ANTATION ROAD	Ad	le: () me: dress: :y-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	D ()E MCFARLANE, AF 7537 CORDOBA NAPLES, FL 341	CIR	Ad	le: () me: dress: :y-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	PDS () EINK, STANLEY K 1625 SILVERWO NORTH FT.MYEF	OOD CT.	Ad	le: () me: dress: y-St-Zip:	Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: STANLEY K. INK MR 01/12/2009

() Delete

GOMEZ, ARMÁNDO

CAPE CORAL, FL 33990

1726 SE 6TH LN

() Change () Addition