

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002806

Entity Name: CLOUD 9 CHARTERS, LLC

FILED
May 22, 2007
Secretary of State

Current Principal Place of Business:

11610 AVIATION BLVD., SUITE B2
WEST PALM BEACH, FL 33412

New Principal Place of Business:

Current Mailing Address:

11610 AVIATION BLVD., SUITE B2
WEST PALM BEACH, FL 33412

New Mailing Address:

FEI Number: 20-5267183 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PAINTER, GEOFFREY
Address: 11610 AVIATION BLVD., SUITE B2
City-St-Zip: WEST PALM BEACH, FL 33412

Title: MGRM () Delete
Name: JUDE, DAVID
Address: 11610 AVIATION BLVD., SUITE B2
City-St-Zip: WEST PALM BEACH, FL 33412

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GEOFFREY L PAINTER

MR

05/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date