


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90052 030 ****61.25

DOCUMENT # N93000002898	
1. Entity Name DISTRICT NINE, INC.	

Principal Place of Business 10 HOLLYWOOD BLVD. S.E. FT WALTON BEACH, FL 32548	Mailing Address 10 HOLLYWOOD BLVD. S.E. FT WALTON BEACH, FL 32548
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60002245



2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 2496	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FORT WALTON BEACH, FL	
Zip	Country	Zip	Country
		32549	OKALOSA

01072007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3187584		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STAFFORD, BARRY 10 HOLLYWOOD BLVD. S.E. FT WALTON BEACH, FL 32548		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SMITH, AUBY			NAME	Ann Smith		
STREET ADDRESS	9011 N DAVIS HWY			STREET ADDRESS	9011 N DAVIS HWY		
CITY-ST-ZIP	PENSACOLA, FL 32514			CITY-ST-ZIP	PENSACOLA, FL 32514		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TUCKER, MICHELLE			NAME	SCOTT BOWMAN		
STREET ADDRESS	8510 NAVARRE PKWY			STREET ADDRESS	2420 JENES AVE		
CITY-ST-ZIP	NAVARRE, FL 32566			CITY-ST-ZIP	PANAMA CITY FL 32405		
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ANDERSON, BENJAMIN			NAME	DOUG BOOCH		
STREET ADDRESS	PO BOX 488			STREET ADDRESS	8445 PENSACOLA BLVD		
CITY-ST-ZIP	DESTIN, FL 32540			CITY-ST-ZIP	PENSACOLA FL 32534		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TEEPLE, GLORIA			NAME	SHAREN HOWELL		
STREET ADDRESS	10024 VIA GRANDE			STREET ADDRESS	5807 HIGHWAY 90		
CITY-ST-ZIP	NAVARRE, FL 32566			CITY-ST-ZIP	MILTON FL 32583		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DYER, TERESA			NAME	HARRY WILSHIPS		
STREET ADDRESS	7030-A THOMAS DR			STREET ADDRESS	36132 EMERALD COAST PKWY #3		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408			CITY-ST-ZIP	DESTIN FL 32541		
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	MICHELLE TUCKER		
STREET ADDRESS				STREET ADDRESS	8510 NAVARRE PKWY		
CITY-ST-ZIP				CITY-ST-ZIP	NAVARRE FL 32566		

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 617, 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:  **1/11/07** **850-534-0400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #