2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: `

ANNUAL REPORT (AR)							FILED				
DOCU 1. Entity Nam		# P020001176	572			Feb 03, 2005 08:00 AM Secretary of State					
NINE LIV	ES, INC.						Secretary	01 8	nate		
Principal Plac	e of Busines:	3	Mailing Address	Mailing Address							
1325 N. SIN TITUSVILLE		VENUE	1325 N. SINGLETON AVENUE TITUSVILLE FL 32796				111881 III 88718 11871 88111 88111	<b>2101 11227 7727</b>	<b>!##!# #</b> 1114   <b>##</b> 11   11		
2. Principal P	Place of Busin	PSS	3. Mailing Address			-					
2. Thiopart	lace of besi					_   <b>    </b>		<b>1111</b> 1111 1111			
Suite, Apt.		_	Suite, Apt. #, etc			15	st MOORE (	CR2E034	(10/04)		
City & Stat	te		City & State			4. FEI Numb	42-1559066		No	oplied For ot Applicat	
Zip	Zip Country		Zip Coui		ıtry	5. Certificate of Status Desired					
6. Name and Address of Current Registered Agent						7. Name and	d Address of New Re	gistered	Agent		
KLE	IN, STEV	EN C	Name	·····	·						
752	2 WILES	RD.		Street Address	ess (P.O. Box Number is Not Acceptable)						
	TE 210 BAL SPRE	NGS FL 33067									
00,	INE OF TH	1400 / 2 0000 /			City			FL	Zip Cod	<del></del>	
	named entit	y submits this statement ered agent.	l ed office or registe	ered agent, or bo	oth, in the State of Flor		-	and acces			
SIGNATURE Signature, typed or printed name of registered agent and tide if applicable (NOTE Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May:											
		5 Fee Will Be \$550.0 Florida Department					Trust Fund Cont	ribution.	☐ Adde	ed to Fees	
10.		OFFICERS AN	4 4-10 (m 1144	11.		ADDITIONS	I /CHANGÉS TO ÓFFI	CËRS AND	DIRECTÓR:	\$ IN 11	
Trile	D	<del></del>	☐ Delete	ī(I) i	,		U000000212	247	☐ Change		
NAME	GADHIA, HARISH			NAM	-		02/03/05-800	22-00:	l 150.00	)	
STREET ADDRESS  GITY-ST-ZIP					ET ADDRESS -ST-ZIP						
TITLE	D		☐ Delete	Till					Change	□ A₁	
NAME	GADHIA, I	/RUDULA		NAM	Ε				-		
STREET ADDRESS					ET ADDRESS -ST-ZIP						
CITY ST-ZIP	TITUSVILL	E FL 32/96	☐ Delete	HILL			· ·		☐ Change	= Ailina	
TITLE NAME	1		ET Delete	NAM	1				onange	,····	
STREET ADDRESS				STRE	ET ADDRESS						
CITY-ST-ZIP	<u> </u>				+ST- ZIP						
TITLE. NAME			☐ Delete	TIT <u>L</u> I NAM	1				∐ Change	□ A. ' '''	
STREET ADDRESS			+ <del>-</del>		ET ADDRESS						
CITY-ST-ZIP				CITY	-SI-7P						
TITLE			☐ Delete	TITL	Ę				Change	□ Ade	
NAME STREET ADDRESS				MAM	E EET ADDRESS						
CITY-ST-ZIP					-SI-ZIP						
TITLE			☐ Delete	TITL	<u> </u>		·		☐ Change	□ å læ	
NAME				NAM	IE				_ •	_	
STREET ADDRESS					ET AUDRESS						
CHY-SI-ZIP	certify that th	s information evention	th this filing does not qualify fo		motion stated in S	ection 110 67/2	Vi) Florida Statutos I	further co	rtifu that the i	nformation	
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 direction 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 chapter of the corporation or the receiver or trustee empowered to execute the report of the corporation of the corporation of the corporation of the corporation of the receiver or trustee empowered of the corporation of the co											
signature: H.T. Codhie President. 12-1-05 321-268-0600											
SIGNAT	ΓURE: 🗅	THIP NO	our Yourid	ient.		2 –	1-07	321-	265-0	260C	

2-1-05 321-268-060C