2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142211

Entity Name: HAMMERNINE, INC.

Name:

Address: City-St-Zip: BEAM, DAVID

12543 WESTBERRY HIDEAWAY LANE

JACKSONVILLE, FL 322238624

FILED Apr 19, 2009 Secretary of State

| Littly Na | ille. MAIVIIV | ILKININE, INC. | | | |
|---|---|---------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| | RISON DR. ISTINE, FL | 320921023 US | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| | RISON DR. ISTINE, FL | 320921023 US | | | |
| FEI Number: 20-0442789 FEI Number Applied For | | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| 1139 GAR ST. AUGU The above | N, PERKE RISON DRI ISTINE, FL named ent e of Florida. | VE 32092 US | e purpose of changing its registered | l office or registered agent, or both, | |
| SIGNATUI | | | | | |
| Election Car | | ronic Signature of Registered A | Agent | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PTD ROBINSON 1139 GARR ST. AUGUS | • | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP ROBINSON 1139 GARR ST. AUGUS | • | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: | S | (X) Delete | Title: | () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: PERKE ROBINSON III P 04/19/2009