

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90181 004 \*\*\*150.00

<b>DOCUMENT # P04000086659</b> 1. Entity Name CLOUD 9 TITLE, INC					
Principal Place of Business 6011 DREXEL LANE #1222 FT. MYERS, FL 33919			Mailing Address 6011 DREXEL LANE #1222 FT. MYERS, FL 33919		
2. Principal Place of Business 1507 SE 47th Ter Suite, Apt. #, etc.		3. Mailing Address 1507 SE 47th Ter Suite, Apt. #, etc.			
City & State Cape Coral, FL Zip 33904		City & State Cape Coral, FL Zip 33904		4. FEI Number 20-1194023 Applied For <input type="checkbox"/> Not Applicable	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CHICONE, ANDREW D 6011 DREXEL LANE #1222 FT. MYERS, FL 33919			7. Name and Address of New Registered Agent Name Andrew Chicone Street Address (P.O. Box Number is Not Acceptable) 1913 SW 46th Ter City Cape Coral FL Zip Code 33914		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME CHICONE, ANDREW D STREET ADDRESS 6011 DREXEL LANE, APT 1222 CITY-ST-ZIP FT. MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Andrew D. Chicone</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Andrew Chicone President		
			4/22/05 2395401003 Date Daytime Phone #		