## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000087973

Title:

Name:

Address: City-St-Zip:

Entity Name: NINE POINT HOLDING CO., INC.

( ) Delete

233 EAST BAY STREET, SUITE 1020

TAYLOR, DAVID A III

JACKSONVILLE, FL 32202

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
BLACKSTONE BUILDING 233 EAST BAY STREET, SUITE 1020 JACKSONVILLE, FL 32202				BLACKSTONE BUILDING 233 EAST BAY STREET, SUITE 1010 JACKSONVILLE, FL 32202		
Current Mailing Address:				New Mailing Address:		
BLACKSTONE BUILDING 233 EAST BAY STREET, SUITE 1020 JACKSONVILLE, FL 32202				BLACKSTONE BUILDING 233 EAST BAY STREET, SUITE 1010 JACKSONVILLE, FL 32202		
FEI Number	: 56-2519608	FEI Number Applied For ( )	FEI Nun	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
BLACKST 233 EAST	R, RICHARD A ONE BUILDIN BAY STREET IVILLE, FL 32	G , SUITE 1020				
	e named entity e of Florida.	submits this statement for the	purpose o	f changing its registere	d office or registered agent, or both,	
SIGNATU	RE:					
Electronic Signature of Registered Agent					Date	
Election Car	mpaign Financir	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SELINGER, RI 233 EAST BAY	STREET, SUITE 1020		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: Citv-St-Zip:	FLETCHER, W	STREET, SUITE 1020		Title: Name: Address: City-St-Zip:	() 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID TAYLOR D 01/16/2009

(X) Change ( ) Addition

233 EAST BAY STREET, SUITE 1010

TAYLOR, DAVID A III

JACKSONVILLE, FL 32202