

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000057497

1. Entity Name
DETAIL 9, INC.



**FILED
Jul 07, 2008 8:00 am
Secretary of State**

07-07-2008 90001 016 ***150.00

4U109366



07032008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0157636	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBRIGHT, BRENT V
860 N. ORANGE AVE
APT. 418
ORLANDO, FL 32801

Name **Albright, Brent V**
Street Address (P.O. Box Number is Not Acceptable)
4815 New Broad St #2035

City Orlando	FL	Zip Code 32814
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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

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME ALBRIGHT, BRENT V
STREET ADDRESS 860 N. ORANGE AVE
CITY ST-ZIP ORLANDO, FL 32801

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Albright, Brent V.
STREET ADDRESS 4815 New Broad St #2035
CITY ST-ZIP Orlando FL 32814

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #