


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90030 036 \*\*\*150.00

<b>DOCUMENT # P92000008161</b> 1. Entity Name CLOUD NINE HOLDINGS, INC.			
Principal Place of Business % JEFFREY C. ROTH, P.A. 1500 SAN REMO AVE SUITE 1076 CORAL GABLES, FL 33146		Mailing Address % JEFFREY C. ROTH, P.A. 1500 SAN REMO AVE SUITE 1076 CORAL GABLES, FL 33146	
2. Principal Place of Business <u>866 S. Dixie Highway</u> Suite, Apt. #, etc.		3. Mailing Address <u>866 S. Dixie Highway</u> Suite, Apt. #, etc.	
City & State <u>Coral Gables, FL</u>		City & State <u>Coral Gables, FL</u>	
Zip <u>33146</u>	Country	Zip <u>33146</u>	Country
4. FEI Number <u>65-0373764</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  ROTH, JEFFREY C 1500 SAN REMO AVE SUITE 1076 CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <u>866 S. Dixie Highway</u> City <u>Coral Gables</u> <u>FL</u> Zip Code <u>33146</u>	
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 <u>[Signature]</u> DATE <u>1/9/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROTH, JEFFREY C 1500 SAN REMO AVE SUITE 176 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>866 S. Dixie Highway</u> <u>Coral Gables, FL 33146</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROTH, FAYE L 1500 SAN REMO AVE SUITE 176 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>866 S. Dixie Highway</u> <u>Coral Gables, FL 33146</u>
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
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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		President/Director <u>1/9/06</u> <u>305.662.4141</u> <small>Date Daytime Phone #</small>	

ATTACHMENT

40013189

ROTH & SCHOLL

Attorneys at Law

# 992 000 008161

866 South Dixie Highway  
Coral Gables, Florida 33146  
Tel 305.662.4141  
Fax 305.662.3816

February 9, 2006

Florida Secretary of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: 2006 Annual Report  
Cloud Nine Holdings, Inc.

Dear Sir:

Enclosed is the original completed 2006 Annual Report for the above corporation. Also enclosed is a check in the amount of \$150.00, representing your filing fee. Please file the enclosed annual report and forward me written confirmation of the same.

Thank you for your anticipated prompt attention to this matter.

Very truly yours,

*Jeffrey C. Roth/wsy*

JEFFREY C. ROTH

JCR:wsy  
ENCLS.