2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P97000096497 FILED 1. Entity Name CED CAPITAL HOLDINGS IX. INC. 04 FEB 11 PM 2: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1551 SANDSPUR ROAD P.O. BOX 4961 MAITLAND, FL 32751 ORLANDO, FL 32802-4961 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-3480457 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVENUE **SUITE 1100** ORLANDO, FL 32801 City Zip Code 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPST TITLE ☐ Delete TITLE ☐ Change ☐ Addition GINSBURG, ALAN H 100029250131 NAME NAME 1551 SANDSPUR ROAD STREET ADDRESS 02/23/04--01071--009 STREET ADDRESS **150.00 MAITLAND, FL 32751 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition SCIARRINO, MICHAEL J NAME STREET ADDRESS 1551 SANDSPUR ROAD STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP VΡ ☐ Delete TITLE ☐ Change ☐ Addition BROCK, JAY P NAME STREET ADDRESS 1551 SANDSPUR ROAD STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP TITLE VΡ ☐ Delete TITLE □ Change ■ Addition NAME DOODY, TRICIA NAME STREET ADDRESS 1551 SANDSPUR ROAD STREET ADDRESS CITY-ST-7IP MAITLAND, FL 32751 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition SHASSIAN, LOUIS P NAME NAMÉ STREET ADDRESS 1551 SANDSPUR ROAD STREET ADDRESS MAITLAND, FL 32751 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 at other like empowered.