2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000011727

Entity Name: GANE NINE INC.

FILED Mar 11, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5565 MUIRFIELD VILLAGE CIR LAKE WORTH, FL 33463 US

Current Mailing Address: New Mailing Address:

5565 MUIRFIELD VILLAGE CIR LAKE WORTH, FL 33463 US

FEI Number: 65-0816322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARCIA, ALFREDO PTD 5565 MUIRFIELD VILLAGE CIR LAKE WORTH, FL 33463 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTD

Name: GARCIA, ALFREDO PTD
Address: 5565 MUIRFIELD VILLAGE CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: SVD

Name: GARCIA, ALBA SVD

Address: 5565 MUIRFIELD VILLAGE CIR City-St-Zip: LAKE WORTH, FL 33463

Title: S

Name: GARCIA, CARLOS A S
Address: 5565 MUIRFIELD VILLAGE CIR
City-St-Zip: LAKE WORTH, FL 33463

Title:

Name: GARCIA, PAOLA

Address: 5565 MUIRFIELD VILLAGE CIR City-St-Zip: LAKE WORTH, FL 33463

Title: VF

Name: GARCIA, SANDRA N VP
Address: 5565 MUIRFIELD VILLAGE CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: AP

 Name:
 GARCIA, PAOLA A AP

 Address:
 5565 MUIRFIELD VILLAGE CIR

 City-St-Zip:
 LAKE WORTH, FL 33463

I hereby 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 all other like empowered.

SIGNATURE: ALFREDO GARCIA PTD 03/11/2011