


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000092908**

1. Entity Name  
 9500 BUILDING, INC.



Principal Place of Business 2020 KING AIR COURT PORT ORANGE, FL 32128-6931	Mailing Address 2020 KING AIR COURT PORT ORANGE, FL 32128-6931
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**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0879453	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

AUSTEN, PETER T  
 2020 KING AIR COURT  
 PORT ORANGE, FL 32128-6931

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

110000331402  
 01/24/06-80040-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SMITH, STEPHEN H
STREET ADDRESS	2020 KING AIR COURT
CITY-ST-ZIP	PORT ORANGE, FL 321286931
TITLE	VST
NAME	AUSTEN, PETER T
STREET ADDRESS	2020 KING AIR COURT
CITY-ST-ZIP	PORT ORANGE, FL 321286931
TITLE	AV
NAME	AUSTEN, JANICE B
STREET ADDRESS	2020 KING AIR COURT
CITY-ST-ZIP	PORT ORANGE, FL 321286931
TITLE	AV
NAME	SMITH, CAROLE
STREET ADDRESS	2020 KING AIR COURT
CITY-ST-ZIP	PORT ORANGE, FL 321286931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Peter T. Austen Date: 1/14/06 Daytime Phone #: 386 761 1882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR