

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000087189

Entity Name: CLOUD NINE CHARTERS, INC.

FILED
Apr 12, 2007
Secretary of State

Current Principal Place of Business:

M.M. 79.5 O.S HWY
BUD-MARY'S MARINA
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

309 MATECUMBE AVE
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 59-3600211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON, URBAN J.W. ESQ.
82681 OVERSEAS HWY
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: EKLUND, CAROL L
Address: P.O. BOX 494
City-St-Zip: ISLAMORADA, FL 33036

Title: VTD () Delete
Name: EKLUND, GREGORY P
Address: P.O. BOX 494
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: EKLUND, CAROL L
Address: 309 MATECUMBE AVE
City-St-Zip: ISLAMORADA, FL 33036

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAROL EKLUND

PSD

04/12/2007

Electronic Signature of Signing Officer or Director

_____ Date