2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000087189

P.O. BOX 494

ISLAMORADA, FL 33036

Address:

City-St-Zip:

Entity Name: CLOUD NINE CHARTERS, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: M.M. 79.5 O.S HWY **BUD-MARY'S MARINA** ISLAMORADA, FL 33036 **Current Mailing Address: New Mailing Address:** 309 MATECUMBE AVE ISLAMORADA, FL 33036 FEI Number: 59-3600211 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: PATTERSON, URBAN J.W. ESQ. 82681 OVERŚEAS HWY ISLAMORADA, FL 33036 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD () Delete Title: () Change () Addition EKLUND, CAROL L Name: Name: 309 MATECUMBE AVE Address: Address: City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: () Delete Title: VTD Title: () Change () Addition Name: EKLUND, GREGORY P Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 PRES 04/28/2009