2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S67173

Entity Name: S.G. 9, INCORPORATED

MITCHELL, DIANA

2580 18TH AVE N

SAINT PETERSBURG, FL 33713

Name:

Address: City-St-Zip: FILED May 15, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2996 9TH STREET NORTH ST. PETERSBURG, FL 33704 **Current Mailing Address: New Mailing Address:** 2996 MLK ST ST. PETERSBURG, FL 33704 FEI Number: 59-3079164 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DANN, PHILIP W. 540 4TH STREET NORTH ST. PETERSBURG, FL 33701 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PVST** () Delete () Change () Addition EVERS, KAY Name: Name: 8284 29TH AVE N Address: Address: City-St-Zip: ST. PETERSBURG, FL 33710 City-St-Zip: Title: VST Title: () Change () Addition () Delete Name: EVERS, KAY, Name: 8284 29TH AVE. NORTH Address: Address: ST. PETERSBURG, FL 33710 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LINDA M. BERNARD POA 05/15/2007