

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003110

FILED
Apr 24, 2007
Secretary of State

Entity Name: MOUNTAIN, LTD. CORP.

Current Principal Place of Business:

19 YARMOUTH DR.
STE 301
NEW GLOUCESTER, ME 04260

New Principal Place of Business:

Current Mailing Address:

19 YARMOUTH DR.
STE 301
NEW GLOUCESTER, ME 04260

New Mailing Address:

FEI Number: 01-0386923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PC () Delete
Name: HOSMER, JOSEPH
Address: 19 YARMOUTH DR., STE 301
City-St-Zip: NEW GLOUCESTER, ME 04260

Title: VSVC () Delete
Name: HOSMER, SANDRA
Address: 19 YARMOUTH DR., STE 301
City-St-Zip: NEW GLOUCESTER, ME 04260

Title: SD (X) Delete
Name: CAQUETTE, DONALD
Address: 19 YARMOUTH DR., STE 301
City-St-Zip: NEW GLOUCESTER, ME 04260

Title: D (X) Delete
Name: METIVIER, LAURA
Address: 19 YARMOUTH DR., STE 301
City-St-Zip: NEW GLOUCESTER, ME 04260

Title: D (X) Delete
Name: HOSMER, BRITTANY
Address: 1012 HALLOWELL RD
City-St-Zip: DURHAM, ME 04222

Title: D (X) Delete
Name: HOSMER, MEGAN
Address: 239 PALA VISTA DR
City-St-Zip: VISTA, CA 92083

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WELLMAN, JOHN G
Address: 1245 ROUTE 1 SOUTH
City-St-Zip: EDISON, NJ 08837

Title: STD (X) Change () Addition
Name: BERNARD, CLARKIN
Address: 1245 ROUTE 1 SOUTH
City-St-Zip: EDISON, NJ 08837

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

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

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

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: BERNARD CLARKIN

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04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date