

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90137 010 \*\*\*150.00

**DOCUMENT # F0400006585**

1. Entity Name

**MOUNT GLACIER CORPORATION**



Principal Place of Business

Mailing Address

21218 SAINT ANDREWS BOULEVARD PMB 409  
 BOCA RATON FL 33433

21218 SAINT ANDREWS BOULEVARD PMB 409  
 BOCA RATON FL 33433



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Robert B. Sando**

1st MOORE

CR2E034 (10/05)

City & State

**8130 Glades Road, PMB 409  
 Boca Raton, FL 33434**

4. FEI Number

91-2085624

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CLASP INC.  
 3001 TAMiami TRAIL NORTH 4TH FLOOR  
 NAPLES FL 34103~~

Name  
**CORPORATE CREATIONS NETWORK INC**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11380 PROSPERITY FARMS ROAD  
 #221E  
 PALM BEACH GARDENS FL 33410**

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

*Robert B. Sando*  
**T. Baiz, VP**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DPS  
 SANDO, ROBERT B  
 21218 SAINT ANDREWS BOULEVARD PMB 409  
 BOCA RATON FL 33433  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**Robert B. Sando**  Change  Addition  
**8130 Glades Road, PMB 409**  
**Boca Raton, FL 33434**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

T  
 SANDO, JACQUELYN JEAN  
 21218 SAINT ANDREWS BOULEVARD PMB 409  
 BOCA RATON FL 33433  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

~~Robert B. Sando~~  Change  Addition  
**8130 Glades Road, PMB 409**  
**Boca Raton, FL 33434**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
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Change  Addition

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 CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

**ROBERT B SANDO**

**3/2/06**