

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L93936

FILED
Mar 24, 2007
Secretary of State

Entity Name: SETTLER'S MOUNTAIN, INC.

Current Principal Place of Business:

570 NW WAVERLY CIRCLE
C/O FELL
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

5319 NW RUGBY DRIVE
C/O FELL
PORT ST. LUCIE, FL 34983

Current Mailing Address:

PO BOX 880337
C/O FELL
PORT ST. LUCIE, FL 34988

New Mailing Address:

FEI Number: 65-0235935 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELL, KAREN K
570 NW WAVERLY CIRCLE
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

FELL, KAREN K
5319 NW RUGBY DR
PORT ST. LUCIE, FL 34983 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: _____

03/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D,P () Delete
Name: KRAFT, ALBERT H JR
Address: 5288 SW ORCHID BAY DR
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: KRAFT, KEVIN A
Address: 1205 SW ROBYS WAY
City-St-Zip: PALM CITY, FL 34990

Title: D,ST () Delete
Name: FELL, KAREN K
Address: 570 NW WAVERLY CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D,ST (X) Change () Addition
Name: FELL, KAREN K
Address: 5319 NW RUGBY DR
City-St-Zip: PORT ST LUCIE, FL 34983

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: KAREN K FELL

ST

03/24/2007

Electronic Signature of Signing Officer or Director

Date