2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118660

Apr 28, 2010 Secretary of State

Entity Name: MOUNTAIN MANAGEMENT AND CONSULTING COMPANY

Current Principal Place of Business: New Principal Place of Business:

8363 SW 16TH AVE OCALA, FL 34476

Current Mailing Address: New Mailing Address:

PO BOX 4920 PO BOX 4920

OCALA, FL 34478 OCALA, FL 34479 US

FEI Number: 06-1662129 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:

VERRANDO-HIGGINS, MARY M PRESIDE 8363 SW 16TH AVE OCALA, FL 34476 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:

Title: PRES

Name: VERRANDO-HIGGINS, MARY M PRESIDE

Address: 8363 SW 16TH AVE City-St-Zip: OCALA, FL 34476 US

Title: VP

Name: HIGGINS, ROBERT M VICE PR

Address: 8363 SW 16TH AVE City-St-Zip: OCALA, FL 34476 US

Title: PO B

Name: VERRANDEAUX, MARY V VERRAND

Address: PO BOX 4920 City-St-Zip: OCALA, FL 34478 US

Title: PO B

Name: VERRANDEAUX, MARY V VERRAND

Address: PO BOX 4920 City-St-Zip: OCALA, FL 34478 US

Title: PO B

Name: VERRANDEAUX, MARY V VERRAND

Address: PO BOX 4920 City-St-Zip: OCALA, FL 34478 US

Title: PO B

Name: VERRANDEAUX, MARY V VERRAND

Address: PO BOX 4920 City-St-Zip: OCALA, FL 34478 US

I hereby 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 all other like empowered.

SIGNATURE: MARY VERRANDO-HIGGINS PRES 04/28/2010

Electronic Signature of Signing Officer or Director

Date