

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000070843

FILED
Mar 19, 2008
Secretary of State

Entity Name: MOOSEHEAD MOUNTAIN RESORT, INC.

Current Principal Place of Business:

RT. 15
GREENVILLE, ME 04441 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 330076
MIAMI, FL 33233 US

New Mailing Address:

FEI Number: 01-0495432 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONFALONE, JAMES
1000 MACARTHUR CAUSEWAY
MIAMI, FL 33132 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: DPST () Delete
Name: CONFALONE, JAMES
Address: 1000 MACARTHUR CAUSEWAY
City-St-Zip: MIAMI, FL 33132

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TREA () Change (X) Addition
Name: CONFALONE, KAREN
Address: 1000 MACARTHUR CAUSEWAY
City-St-Zip: MIAMI, FL 33132

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.

SIGNATURE: JAMES CONFALONE

PRES

03/19/2008

Electronic Signature of Signing Officer or Director

Date