2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2007 08:00 A Secretary of State

	ANNUAL I	REPORT			Secretary of S
DOCUMENT # P05000103335					Secretary or s
1. Entity Name					
MOUNTAIN CREEK RESOURCES, INC.					
Principal Plac		Mailing Address			
2736 HORSE PLANT CITY,		2736 HORSESHOE DRIVE PLANT CITY, FL 33566 US			
i Little Offit,	12 00000 00	1 27411 0111,12 00000 00		Lemmenmer tit Duits Meist Adies Huist An	erri 1100 anirā 11106 11100 11101 4111400 111100
			Suday s, otali,		
)	Digt tiëli unian riusa lilet Ostider II ibei
<u> </u>				04132007 No Chg-P	CR2E034 (11/05)
,	O NOT WRITE	IN THIS SPA	CE	4. FEI Number	Applied For
				58-2218142	Not Applicable
				5. Certificate of Status Desired	S8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent	- 4 6 5		
MYFRS &	WRIGHT, P.A.		(A) 海界。		DITE
1104 E. BAKER STREET		•	- # 17. h	DO NOT W	Fig. 1860
PLANT CI	TY, FL 33563			IN THIS SI	PACE
			V. 3		
8. The above	named entity submits this statement for the	ne purpose of changing its register	ed office or register	red agent, or both, in the State of F	lorida. I am familiar with, and accept
	tions of registered agent.				
SIGNATURE.	Signature, typed or printed name of registered agent and	MOTE Beauty	id Agent signiture required	d when release to the	DATE
	Signature, types or printer harte or registered agon a ex-	sie ii apparatio. (19012. Negatina	O Agost signature reconoc	,	
FiL After M	.E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	 Election Campaign Final Trust Fund Contribution. 	ncing \$5.	.00 May Be led to Fees	
l			No. 16 to 17 Per con 1997.	Can profession and safety and	for a terror of the second
10.	OFFICERS AND DI	HECTORS			
NAME	CARTER, CHRISTINE K				
STREET ADDRESS CITY-ST-ZIP	2736 HORSESHOE DRIVE	•	d unitary	5. 特别的基础的	
TITLE	PLANT CITY, FL 33566				
NAME .	CARTER, LAWRENCE R				
STREET ADDRESS CITY-ST-ZIP	2736 HORSESHOE DRIVE				
TITLE	PLANT CITY, FL 33566		- a		105
NAME			the state of the s		
STREET ADDRESS CITY-ST-ZIP			Water State of State	DO NOT V	VRITE
TITLE		·		IN THIS S	
NAME					FACE
STREET ADDRESS					
CITY-ST-ZIP					
NAME		•			
STREET ADDRESS		•			3000739956
CITY-ST-ZIP				05/14	/07-80048-004 150:0
NAME :		- ,			
			■ Property Control of the		age. I a fall a light from the

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

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

te Davime