2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# 196324

Entity Name: MAISONETTES, INC.

Current Principal Place of Business:

% MOUNTAIN LAKE CORPORATION
2300 ALTERNATE HIGHWAY 27 NORTH
LAKE WALES, FL 33853

New Principal Place of Business:

% MOUNTAIN LAKE CORPORATION
2300 ALTERNATE HIGHWAY 27 NORTH
LAKE WALES, FL 33898

Current Mailing Address:

P.O. BOX 832
LAKE WALES, FL 338590832

New Mailing Address:

FEI Number: 59-1002226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, ROBERT E
% MOUNTAIN LAKE CORPORATION
2300 ALTERNATE HIGHWAY 27 NORTH
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

MARTIN, ROBERT E
% MOUNTAIN LAKE CORPORATION
2300 ALTERNATE HIGHWAY 27 NORTH
LAKE WALES, FL 33898 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: _____ 02/25/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: MCCANCE, HENRY F
Address: 10 MILL ST
City-St-Zip: DOVER, MA 02030

Title: P ( ) Delete
Name: KELL, JOHN R
Address: 306 BEATTY RD
City-St-Zip: MEDIA, PA 19063

Title: T ( ) Delete
Name: MARTIN, ROBERT E
Address: 5931 LAKE PARK RD
City-St-Zip: LAKE WALES, FL 33898

Title: D (X) Delete
Name: THOMPSON, NEIL L
Address: 155 CHESTNUT HILL RD
City-St-Zip: CHESTNUT HILL, MA 02467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ROBERT E. MARTIN T 02/25/2009
Electronic Signature of Signing Officer or Director — Date