2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State
04-02-2007 90060 030 ***150.00

DOCUMENT # 251278

1. Entity Name
L'ABRI CORPORATION

Principal Place of Business	Mailing Address
C/O MOUNTAIN LAKE CORPORATION 2300 ALTERNATE HIGHWAY 27 NORTH LAKE WALES, FL 33853	C/O MOUNTAIN LAKE CORPORATION 2300 ALTERNATE HIGHWAY 27 NORTH LAKE WALES, FL 33853

03122007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. Box 832
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: LAKE WALES, FL
Zip / Country	Zip: 33859-0832 / Country

4. FEI Number: 59-1003057 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN, ROBERT E MOUNTAIN LAKE CORPORATION 2300 ALTERNATE HIGHWAY 27 NORTH LAKE WALES, FL 33853	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WARNER, M P MRS #8 MOUNTAIN LAKE LAKE WALES, FL 338590832	☐ Delete	SD WARNER, M.P. MRS. 400 SEABURY DRIVE # 2135 Bloomfield, CT 06002	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEIDLEIN, ELIZABETH #8 MOUNTAIN LAKE LAKE WALES, FL 338590832	☐ Delete	PD WEIDLEIN, ELIZABETH 6005 TRIPLE CROWN CIRCLE GREENSBURG, PA 15601-9207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEMP, JOAN A 8 MOUNTAIN LK LAKE WALES, FL 338590832	☐ Delete	VD LEMP, JOAN A. 4000 CATHEDRAL AVE NW #823B WASHINGTON, DC 20016	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Eliz	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 report as 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: Elizabeth C. Weidlein 3/27/07 863-676-6946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #