

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 251278

FILED
Mar 18, 2009
Secretary of State

Entity Name: L'ABRI CORPORATION

Current Principal Place of Business:

C/O MOUNTAIN LAKE CORPORATION
2300 ALTERNATE HIGHWAY 27 NORTH
LAKE WALES, FL 33853

New Principal Place of Business:

C/O 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: 59-1003057

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: ROBERT E. MARTIN

03/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: WARNER, M P MRS
Address: 400 SEABURY DRIVE #2135
City-St-Zip: BLOOMFIELD, CT 06002

Title: PD () Delete
Name: WEIDLEIN, ELIZABETH
Address: 6005 TRIPLE CROWN CIRCLE
City-St-Zip: GREENSBURG, PA 156019207

Title: VD () Delete
Name: LEMP, JOAN A
Address: 4000 CATHEDRAL AVE NW #828B
City-St-Zip: WASHINGTON, DC 20016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: WARNER, M P MRS
Address: 400 SEABURY DRIVE #2135
City-St-Zip: BLOOMFIELD, CT 06002

Title: SD (X) Change () Addition
Name: WEIDLEIN, ELIZABETH
Address: 6005 TRIPLE CROWN CIRCLE
City-St-Zip: GREENSBURG, PA 156019207

Title: PD (X) Change () Addition
Name: LEMP, JOAN A
Address: 4000 CATHEDRAL AVE NW #828B
City-St-Zip: WASHINGTON, DC 20016

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: JOAN A. LEMP

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date