
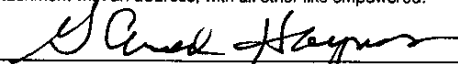


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90010 029 ***150.00

DOCUMENT # 324040							
1. Entity Name EL CASERIO CORPORATION							
Principal Place of Business % MOUNTAIN LAKE CORPORATION 2300 ALTERNATE HIGHWAY 27 NORTH LAKE WALES, FL 33853			Mailing Address % MOUNTAIN LAKE CORPORATION 2300 ALTERNATE HIGHWAY 27 NORTH LAKE WALES, FL 33853				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-1674696			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CASHEL, THOMAS W		NAME				
STREET ADDRESS	#48 MOUNTAIN LAKE		STREET ADDRESS				
CITY-ST-ZIP	LAKE WALES, FL 338590832		CITY-ST-ZIP				
TITLE	VP <input checked="" type="checkbox"/>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BLAUVELT, BRITAN		NAME	BLAUVELT, BRITAN			
STREET ADDRESS	#48 MOUNTAIN LAKE		STREET ADDRESS	#48 MOUNTAIN LAKE			
CITY-ST-ZIP	LAKE WALES, FL 338590832		CITY-ST-ZIP	LAKE WALES, FL 33859-0832			
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HAYNES, G. ARNOLD		NAME				
STREET ADDRESS	#48 MOUNTAIN LAKE		STREET ADDRESS				
CITY-ST-ZIP	LAKE WALES, FL 33859-0832		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: 			Date: 2/9/06				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #				