

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2006 8:00 am
Secretary of State

09-14-2006 90002 022 ***550.00

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07062006 Chg-P CR2E034 (11/05)

DOCUMENT # F03000003558			
1. Entity Name MOUNTAIN ACCESSORIES, INC.			
Principal Place of Business 1301 METROPOLITAN AVE., STE. 5 WEST DEPTFORD, NJ 08066		Mailing Address 1301 METROPOLITAN AVE., STE. 5 WEST DEPTFORD, NJ 08066	
2. Principal Place of Business Suite, Apt. #, etc. 1351 METROPOLITAN AVE.		3. Mailing Address 1351 METROPOLITAN AVE. Suite, Apt. #, etc.	
City & State WEST DEPTFORD NJ		City & State WEST DEPTFORD NJ	
Zip 08066	Country USA	Zip 08066	Country USA
4. FEI Number 22-3486741		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MUNROE, W. BRADLEY ESQ 239 E. VIRGINIA ST. TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	CP MCALPINE, KENNETH 1301 METROPOLITAN AVE., STE. 5 WEST DEPTFORD, NJ 08066 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1351 METROPOLITAN AVE ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMAFSKY, CHRIS 1301 METROPOLITAN AVE., STE. 5 WEST DEPTFORD, NJ 08066 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1351 METROPOLITAN AVE ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMAFSKY, JAMES 1301 METROPOLITAN AVE., STE. 5 WEST DEPTFORD, NJ 08066 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1351 METROPOLITAN AVE ☒ Change ☐ Addition
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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 employment.			
SIGNATURE: <u>Christopher G. Tomafsky</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Director 7/6/06 856-853-9500 Date Daytime Phone #	