

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90137 010 ***150.00

DOCUMENT # F04000006585

1. Entity Name

MOUNT GLACIER CORPORATION



Principal Place of Business

**21218 SAINT ANDREWS BOULEVARD PMB 409
BOCA RATON FL 33433**

Mailing Address

**21218 SAINT ANDREWS BOULEVARD PMB 409
BOCA RATON FL 33433**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Robert B. Sando

**8130 Glades Road, PMB 409
Boca Raton, FL 33434**

1st MOORE

CR2E034 (10/05)

City & State

4. FEI Number

91-2085624

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CLASP INC.
3001 TAMiami TRAIL NORTH 4TH FLOOR
NAPLES FL 34103**

Name
CORPORATE CREATIONS NETWORK INC
Street Address (P.O. Box Number is Not Acceptable)
**11380 PROSPERITY FARMS ROAD
#221E
PALM BEACH GARDENS FL 33410**

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

T. Baiz, VP

Signature, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
**DPS
SANDO, ROBERT B
21218 SAINT ANDREWS BOULEVARD PMB 409
BOCA RATON FL 33433**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Robert B. Sando
8130 Glades Road, PMB 409
Boca Raton, FL 33434**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
SANDO, JACQUELYN JEAN
21218 SAINT ANDREWS BOULEVARD PMB 409
BOCA RATON FL 33433**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Robert B. Sando
8130 Glades Road, PMB 409
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

ROBERT B SANDO

3/2/06