
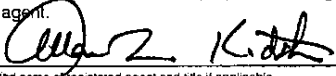
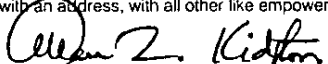


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90024 045 \*\*\*150.00

<b>DOCUMENT # F97000000804</b> 1. Entity Name <b>MOUNTAIN VIEW VENTURES, INC.</b>					
Principal Place of Business <b>625 N. FLAGLER DRIVE 600 WEST PALM BEACH, FL 33401</b>			Mailing Address <b>625 N. FLAGLER DRIVE 600 WEST PALM BEACH, FL 33401</b>		
2. Principal Place of Business <b>1655 Palm Beach Lakes Blvd.</b>		3. Mailing Address Suite, Apt. #, etc. <b>1010-C</b>			
City & State <b>West Palm Beach, FL</b>		City & State City & State		4. FEI Number <b>56-1835266</b>	
Zip <b>33401</b>		Country <b>Palm Beach</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KIDSTON, ALLAN L 625 N. FLAGLER DRIVE STE 600 WEST PALM BEACH, FL 33401</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>1655 Palm Beach Lakes Blvd., #1010-C</b> City <b>FL</b> 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  <b>03-21-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC PARSONS, DONALD H 625 N FLAGLER DR #600 WEST PALM BEACH, FL 33401 <span style="float: right;"><input checked="" type="checkbox"/> Delete</span>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT KIDSTON, ALLAN L 625 N FLAGLER DR #600 WEST PALM BEACH, FL 33401 <span style="float: right;"><input type="checkbox"/> Delete</span>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUMONT, CLARE RIVER RD., PO BOX 290 PAWLEY'S ISLAND, SC 29585 <span style="float: right;"><input type="checkbox"/> Delete</span>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RYAN, ARTHUR 625 N FLAGLER DR #600 WEST PALM BEACH, FL 33401 <span style="float: right;"><input type="checkbox"/> Delete</span>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS VAN TREESE, JEFFERY 625 N. FLAGLER DR. #600 WEST PALM BEACH, FL 33401 <span style="float: right;"><input type="checkbox"/> Delete</span>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS AUGER, THERESA 763 HWY 107 SOUTH CASHIERS, NC 28717 <span style="float: right;"><input type="checkbox"/> Delete</span>				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <span style="float: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</span>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <span style="float: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</span>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <span style="float: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</span>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <b>03-21-05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					