


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90043 016 ***150.00

DOCUMENT # F97000000804 1. Entity Name MOUNTAIN VIEW VENTURES, INC.					
Principal Place of Business 1655 PALM BEACH LAKES BLVD STE 1010-C WEST PALM BEACH, FL 33401			Mailing Address 1655 PALM BEACH LAKES BLVD STE 1010-C WEST PALM BEACH, FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-1835266	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KIDSTON, ALLAN L 1655 PALM BEACH LAKES STE 1010-C WEST PALM BEACH, FL 33401				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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 NAME STREET ADDRESS CITY-ST-ZIP	PSDT KIDSTON, ALLAN L 1655 PALM BEACH LAKES BLVD STE 1010-C WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS James Woodham 763 Highway 107 So. Cashiers, NC 28717 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUMONT, CLARE RIVER RD., PO BOX 290 PAWLEY'S ISLAND, SC 29585 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Darlene Brinkley 1655 Palm Beach Lakes Blvd. #1010-C West Palm Beach, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RYAN, ARTHUR 1655 PALM BEACH LAKES BLVD STE 1010-C WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS VAN TREESE, JEFFERY 1655 PALM BEACH LAKES BLVD STE 1010-C WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS AUGER, THERESA 763 HWY 107 SOUTH CASHIERS, NC 28717 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Jeffery W. Van Treeese			1-30-06 561-688-1119 <small>Date Daytime Phone #</small>		