


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90017 040 ***150.00

DOCUMENT # G87986 1. Entity Name BLUE MOUNTAIN LAKE CORPORATION			
Principal Place of Business % PAUL M. PADDOCK 105 S. NARCISSUS AVENUE, SUITE 312 WEST PALM BEACH, FL 33401		Mailing Address % PAUL M. PADDOCK 105 S. NARCISSUS AVENUE, SUITE 312 WEST PALM BEACH, FL 33401	
2. Principal Place of Business 105 S. Narcissus Ave. Suite, Apt. #, etc. Suite 402 City & State West Palm Beach, FL Zip 33401		3. Mailing Address 105 S. Narcissus Ave. Suite, Apt. #, etc. Suite 402 City & State West Palm Beach, FL Zip 33401	
Country U.S.A.		Country U.S.A.	
4. FEI Number 59-2389454		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PADDOCK, PAUL M. 105 S. NARCISSUS AVENUE SUITE 312 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Paul M. Paddock Street Address (P.O. Box Number is Not Acceptable) 105 S. Narcissus Ave. Suite 402 City West Palm Beach FL Zip Code 33401	
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 <u><i>Paul M. Paddock</i></u> Paul M. Paddock X <u><i>2/24/06</i></u> <small>(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 NAME STREET ADDRESS CITY-ST-ZIP	PST PADDOCK, PAUL M. 105 S. NARCISSUS AVE. W. PALM BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PADDOCK, WILLIAM C. 105 S. NARCISSUS AVENUE W. PALM BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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
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
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
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: X <u><i>Paul M. Paddock</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Paul M. Paddock		Date <u><i>2/24/06</i></u> Daytime Phone # <u><i>(561) 655-1050</i></u>	