2006 FOR PROFIT CORPORATION

FILED Apr 03, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # J58947 O'CONNELL'S MOUNTAIN HOME, INC. Principal Place of Business Mailing Address 2200 N. PONCE DE LEON BLVD. 2200 N PONCE DE LEON BLVD SUITE 10 SUITE 10 ST AUGUSTINE, FL 32084 US ST AUGUSTINE, FL 32084 03142006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2894646 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent O'CONNELL, W. H. 2200 N PONCE DE LEON BLVD DO NOT WRITE SUITE # 10 IN THIS SPACE ST AUGUSTINE, FL 32084 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 reinstelling) Signature, types or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WILLIAM HENRY D'CONNELL NAME STREET ADDRESS 1091 MINDELLO AVE ST AUGUSTINE, FL 32086 CITY-ST-ZIP U00000488444 TD TITLE JO GIBSON O'CONNELL 04/17/06-80007-006 150.00 MAME 988 CATALINA RD. STREET ADDRESS COTY-ST-ZZP SAINT AUGUSTINE, FL 32086 TITLE MANE STREET ADDRESS DO NOT WRITE

NAME STREET ACCORESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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 within eddicas, with all other like empowered.

SIGNATURE:

CSTY-ST-ZW

TITLE NAME STREET ADDRESS ENTY-ST-2/P

NAME STREET ADDRESS CITY-ST-ZIP

W. SETH O' Concrell

IN THIS SPACE

19-829-0082