2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000156

Entity Name: MOUNTAIN CLIMBERS INCORPORATED

FILED Apr 30, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4050 MIDDLE AVE 5020 CLARK RD

SARASOTA, FL 34282 US SARASOTA, FL 34239 US

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 10446 5020 CLARK RD

BRADENTON, FL 34282 US SARASOTA, FL 34239 US

FEI Number: 65-1116641 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAYS, BERTHENIA MAYS, BERTHENIA PO BOX 10446 MAYS, BERTHENIA 5020 CLARK RD

BRADENTON, FL 34282 US SARASOTA, FL 34239 US

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.

SIGNATURE: BERTHENIA MAYS 04/30/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 MAYS, BERTHENIA
 Name:
 MAYS, BERTHENIA

 Address:
 4050 MIDDLE AVE
 Address:
 5020 CLARK RD

 City-St-Zip:
 SARASOTA, FL 34232
 City-St-Zip:
 SARASOTA, FL 34239

Title: VP () Delete Title: VP (X) Change () Addition Name: MAYS, EUGENE Name: MAYS, EUGENE

Name:MAYS, EUGENEName:MAYS, EUGENEAddress:PO BOX 10446Address:5020 CLARK RDCity-St-Zip:BRADENTON, FL 34282City-St-Zip:SARASOTA, FL 34239

 $\label{eq:title:start} \mbox{Title:} \qquad \mbox{ST} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{ST} \qquad \mbox{(X) Change () Addition}$

 Name:
 WILLIAMS, VINCENT
 Name:
 WILLIAMS, VINCENT

 Address:
 PO BOX 10446
 Address:
 5020 CLARK RD

 City-St-Zip:
 BRADENTON, FL 34282
 City-St-Zip:
 SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE T. MAYS JR. VP 04/30/2006