2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2007
Secretary of State

DOCUMENT# N99000003237

Entity Name: MOUNTAIN MOVERS INSTITUTE, INC.

Current Principal Place of Business:

2823 AVE Q N.W.
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

2823 AVE Q N.W.
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-3579092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ZELINKO, JOHN
2823 AVE Q N.W.
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

ZELINKO, JOHN A
2823 AVE Q N.W.
WINTER HAVEN, FL 33881 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: JOHN A ZELINKO 07/06/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ZELINKO, JOHN
Address: 2823 AVE Q N.W.
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP ( ) Delete
Name: OSWALD, B.J.
Address: 336 AVE H
City-St-Zip: WINTER HAVEN, FL 33880

Title: T ( ) Delete
Name: BARRIOS, LISA
Address: 1053 S LAKE SHORE WAY
City-St-Zip: LAKE ALFRED, FL 33850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: OSWALT, B.J.
Address: 336 AVE H
City-St-Zip: WINTER HAVEN, FL 33880

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BJ OSWALT VP 07/06/2007
Electronic Signature of Signing Officer or Director Date