


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000033117	
1. Entity Name CD MOUNTAIN PROPERTIES, INC.	

Principal Place of Business 3333 WEST KENNEDY BLVD STE 206 TAMPA, FL 33609	Mailing Address 3333 WEST KENNEDY BLVD STE 206 TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0648698	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WATERS, CODY W 501 E KENNDY BLVD STE 1700 TAMPA, FL 33602	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

1100000218051
02/07/05-80050-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS, ROBERT T 3333 WEST KENNEDY BLVD STE 206 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS, WILLIAM P 3333 WEST KENNEDY BLVD STE 206 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS, DANIEL B 3333 WEST KENNEDY BLVD STE 206 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKSON, LAWRENCE F 3333 WEST KENNEDY BLVD STE 206 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAHNKE, NICHOLAS E 3333 WEST KENNEDY BLVD STE 206 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #