## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr. 20, 2006 08:00 AM

				<del></del>	Vacrata	ry of State	
DOCUMENT # P04000059415  1. Entity Name BLUE MOUNTAIN PROPERTIES, INC.					Secreta	ly of State	
DEGE WIC		··			1		
-	ce of Business	Mailing Address	}				
	ALLOWS DRIVE 1 Beach, Fl. 32459 US	717 EAST OAK STREET KISSIMMEE, FL 34744 US	\$ \ \ \	\$ (##XX### 17		s adial allia (bil biral ira) billal ir ir	<b>t</b> í
			:				
Ε	O NOT WRITE	CE	03302006	No Chg-P	CR2E034 (11/05)	OF	
			:	20-097		Not Applic  \$8.75 Additional Fee Regulard	:ab
	6. Name and Address of Current Re	gistered Agent	<del>-</del>		· · ·	rea redailed	
TITUS, LAWRENCE 74 EAST SHALLOWS DRIVE SANTA ROSA BEACH, FL 32459				DO	NOT W	RITE	
			;	ו או	THIS SP	ACE	
8. The above the obliga-	e named entity submits this statement for titions of registered agent.	ne purpose of changing its register	ed office or regis	stered agent, or bo	th, in the State of Flo	rida. 1 am famillar with, and acc	
SIGNATURE Signature, typed or printed name of registered agent and fills if applicable (noTE: flagistered Agent signature.				when several rech		DATE	
					<del></del>	Divis	_
FILE NOWIS FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  S. Election Campaign Fina Trust Fund Contribution.				5.00 May Be kidded to Fees		-	
TITLE	OFFICERS AND DI	RECTORS	1	-	(	a.	
NAME	TITUS, LAWRENCE						
STREET ADDRESS City-St-Zip					:		
TITLE	CARTA NOON DENOTI, I'C 32400		1		00000000000000000000000000000000000000	521928 30010-008 150.00	
NAME			1		יים וכט וכט וכט	20010-000 120.00	
STREET ADDRESS CITY-ST-ZIP			1				
7171.8			1		€ €		
name Street address					·		
CITY-ST-ZIP			l	DO	NOT W	RITE	
tine			1	IN 7	IN THIS SPACE		
NAME STREET ADDRESS			*	***		702	
CITY-ST-ZIP			}				
TITLE			1				
name Street address			I		1		
City-ST-ZIP					•		
TITLE			]				
NAME	{		ł		•		

12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the Information inclicated 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 entrustee 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 unity an address, with all little like empowered.

SIGNATURE:

O4/18/2006

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytons Phone #