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Secretary of State
03-21-2005 90074 037 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000064431

1. Entity Name
FIVE MOUNTAINS COMPANY

66011819

03152005 Chg-1* CR2E034 (10/03)

Principal Place of Business	Mailing Address
7829 ROCKPORT CIRCLE LAKE WORTH, FL 33467	7829 ROCKPORT CIRCLE LAKE WORTH, FL 33467

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 73-1701497 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAPOVALOV & BORETH, P.A.
16300 NE 19TH AVE STE 250
NORTH MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

Name: LEGEL, LARRY
Street Address (P.O. Box Number is Not Acceptable)
800 W. CYPRESS CREEK RD., SUITE 470
City: FORT LAUDERDALE FL Zip Code: 33309

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: Larry Legel LARRY LEGEL 3-15-5
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANTYUHIN, GREGORY 7829 ROCKPORT CIRCLE LAKE WORTH, FL 33467	☐ Delete			☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANTYUHIN, NATALYA 7829 ROCKPORT CIRCLE LAKE WORTH, FL 33467	☐ Delete			☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST.SEC./ASST. TREAS. LEGEL, LARRY 800 W. CYPRESS CREEK RD., #470 FORT LAUDERDALE, FL 33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete			☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete			☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete			☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Larry Legel LARRY LEGEL 3/15/5 954 493 8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASST SEC Date Daytime Phone #