2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

Daytime Phone #

Date

DOCUMENT # P0400064431 1. Entity Name FIVE MOUNTAINS COMPANY								04-28-2008	3 90411 ()06 ***15	0.00
Principal Place of Business 7829 ROCKPORT CIRCLE LAKE WORTH, FL 33467				Mailing Address 7829 ROCKPORT CIRCLE LAKE WORTH, FL 33467			40087845				
Principal Place of Business - No P.O Box # 3. Mailing Address											
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04182008	Chg-P	CR2E	034 (12/06)	
City & State				City & State			4. FEI Numbe			⊢	oplied For ot Applicable
Zip	Country			Zip Count		lry .	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEGEL, LARRY 800 W CYPRESS CREEK RD SUITE 470 FORT LAUDERDALE, FL 33309						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 465 City FORT LAUDERDALE 7. Name and Address of New Registered Agent Address of New Registered Agent Zip Code 33309					
the obligat	tions of regist	ered agent. Autopropriete name coreg	Care patered sent and	he purpose of chang		ed office or regist	ered agent, or bo	th, in the State of F		ı familiar with,	and accept
After Ma		FEE IS \$15 Fee will be	e \$550.00	Trust Fun	d Contribution.		ded to Fees				
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indicatéd of the cor	d on this report rporation or th , or on an atta	t or supplement execeiver or true	tal report is t	his filing does not que and accurate an vered to execute this thall other like empo	d that my signa report as requi owered.	ture shall have th red by Chapter 6	e same legal effec	ot as if made under es; and that my nar	r oath; that I me appears	am an officer	r or director r Block 11 if

LARRY LEGAL AS

SIGNATURE AND TY ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: