


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90074 004 ***150.00

DOCUMENT # P04837

1. Entity Name
MOUNT SNOW LTD. CORPORATION



Principal Place of Business
**136 HEBER AVE 303
 PO BOX 4552
 PARK CITY, UT 84060 US**

Mailing Address
**MOUNT SNOW RESORT
 ROUTE 100
 W. DOVER, VT 05356 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State


Zip Country

4. FEI Number
03-0265116

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

04102006 Chg-P CR2E034 (11/05)



6. Name and Address of Current Registered Agent

**DEWOLF, THOMAS B
 DEWOLF WARD MORRIS WAHLUST JONTZ ET AL
 1475 HARDFORD BLVD, 200 E ROBINSON ST
 ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 | PMD HANSEN, STAN MOUNTAIN RD W. DOVER, VT 05356 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PMD PAWLAK, KELLY MOUNTAIN RD W. DOVER, VT 05356 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SC FOSTER, STEWART JR ONE MONUMENT WAY PORTLAND, ME 04101 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO WALLACE, HELEN 136 HEBER AVE 303 PO BOX 4552 PARK CITY, UT 84060 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO FAIR, WILLIAM J 136 HEBER AVE 303 PO BOX 4552 PARK CITY, UT 84060 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPF MUIR, ROBERT 136 HEBER AVE. 303 PO BOX 4552 PARK CITY, UT 84060 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPF PARKER, PHIL MOUNTAIN RD W. DOVER, VT 05356 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Helen E Wallace Date: 4-14-06 Daytime Phone #: 435 615 0360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR