2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000163145

Entity Name: HIGH CLIMBERS, INC.

FILED Jul 21, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

2903 WATERSIDE DR
4625 KNOLLWOOD DRIVE
ENGLEWOOD, FL 34224 US
PUNTA GORDA, FL 33982 US

Current Mailing Address: New Mailing Address:

2903 WATERSIDE DR 4625 KNOLLWOOD DRIVE ENGLEWOOD, FL 34224 US PUNTA GORDA, FL 33982 US

FEI Number: 20-3838103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOT, ALLAN D
2903 WATERSIDE DRIVE
ENGLEWOOD, FL 34224 US

KOT, ALLAN D
4625 KNOLLWOOD DRIVE
PUNTA GORDA, FL 33982 US

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.

SIGNATURE: 07/21/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: KOT, ALLAN D

Name: KOT, ALLAN D

Address: 5379 SWAYING PALM DRIVE Address: 4625 KNOLLWOOD DRIVE
City-St-Zip: PUNTA GORDA, FL 33982 US City-St-Zip: PUNTA GORDA, FL 33982 US

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 PEERS, ROBERT M
 Name:
 PEERS, ROBERT M

 Address:
 5379 SWAYING PALM DRIVE
 Address:
 4625 KNOLLWOOD DRIVE

 City-St-Zip:
 PUNTA GORDA, FL 33982 US
 City-St-Zip:
 PUNTA GORDA, FL 33982 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLAN KOT P 07/21/2009