## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # P06000105458** 04-30-2007 90832 009 \*\*\*150 00 1. Entity Name OVER THE MOUNTAIN, INC. Principal Place of Business Mailing Address 4000mi~ 676 W PROSPECT RD 676 W PROSPECT RD FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102007 Chg-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7 Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DELLAROCCO, GARY Street Address (P.O. Box Number is Not Acceptable) 676 W PROSPECT RD FT LAUDERDALE, FL 33309 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\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be $\Box$ After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME DELLAROCCO, GARY NAME STREET ADDRESS 676 W PROSPECT RD STREET ADDRESS CITY-ST-ZIF FT LAUDERDALE, FL 33309 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 empoyened 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 all objective empowered.

long

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #