
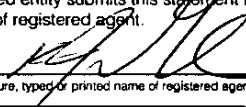



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90065 043 ***150.00

DOCUMENT # P07000031822 1. Entity Name MOUNTAIN SPRINGS 1, INC.					
Principal Place of Business 1202 CHANCELLOR DR. HOLIDAY, FL 34690 US			Mailing Address PO BOX 836 TARPON SPRINGS, FL 34688 US		
2. Principal Place of Business - No P.O. Box # 2918 Magnolia Trace		3. Mailing Address Suite, Apt. #, etc.			
City & State Tarpon Springs, FL		City & State		4. FEI Number 20-8627012	
Zip 34689		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEIGLE, KEVIN 1202 CHANCELLOR DR HOLIDAY, FL 34690				7. Name and Address of New Registered Agent Name Geigle, Kevin Street Address (P.O. Box Number is Not Acceptable) 2918 Magnolia Trace City Tarpon Springs FL Zip Code 34689	
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  Kevin Geigle 4/17/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P GEIGLE, KEVIN <input type="checkbox"/> Delete PO BOX 863 TARPON SPRINGS, FL 34688		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Geigle, Kevin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 836 Tarpon Springs, FL 34688	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GEIGLE, JOHN <input type="checkbox"/> Delete PO BOX 863 TARPON SPRINGS, FL 34688		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Geigle, John <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 836 Tarpon Springs, FL 34688	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WYNEN, PHIL <input type="checkbox"/> Delete PO BOX 863 TARPON SPRINGS, FL 34688		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Wynen, Philippe <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 836 Tarpon Springs, FL 34688	
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	
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	
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:  Kevin Geigle 4/17/08 727 945-7400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					