## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## May 01, 2006 8:00 am Secretary of State DOCUMENT # P98000107333 1. Entity Name 05-01-2006 90290 047 \*\*\*150.00 SAMMOUNT RIDGE, INC. Principal Place of Business Mailing Address 3400 N.E. 34 STREET #101-3400-N.E. 34 STREET-#101-FORT-LAUDERDALE-FL-99308 FORT LAUDERDALE-FL 33308 2. Principal Place of Business 3. Mailing Address 2700 NORTH 29 2700 NORTH Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) #108 #108 City & State City & State 4. FEI Number Applied For 65-0894737 OLLYWOOD, FL Not Applicable HOLLY WOOD 33020 Country Country \$8.75 Additional 5. Certificate of Status Desired USA 302<u>0</u> USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHTER, SAM Street Address (P.O. Box Number is Not Acceptable) 2700 NORTH 29<sup>th</sup> AVE 3400 NE 34TH STREET #101 FORT LAUDERDALE FL-33308 HOLLYWOOD 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition NAME RICHTER, SAM NAME 2700 NORTH 29th AVE. #108 STREET ADORESS STREET ADDRESS 3400 N.E. 34 STREET #101. FORT-LAUDERDALE FL-33308 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL 33020 ☐ Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition 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 ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the tion supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report of the corporation or the if changed, or on an alt upplemental 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 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 with all other like empowered.

AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHTER, DIRECTOR

FILED