


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000116157
1. Entity Name
WEST CREEK COMMONS, INC.



Principal Place of Business
300 SE 2ND ST.
FT. LAUDERDALE, FL 33301

Mailing Address
300 SE 2ND ST.
FT. LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0593813

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
JONES, PATRICIA
300 SE 2ND ST.
FT. LAUDERDALE, FL 33301

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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 _____ DATE _____
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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000507126
04/27/06-80052-019 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP STILES, TERRY W 300 SE 2ND ST. FT. LAUDERDALE, FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVT EAGON, DOUGLAS P 300 SE 2ND ST. FT. LAUDERDALE, FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS JONES, PATRICIA 300 SE 2ND ST. FT. LAUDERDALE, FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV PALMER, STEPHEN R 300 SE 2ND ST. FT. LAUDERDALE, FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV STINE, JAMES W 300 SE 2ND ST. FT. LAUDERDALE, FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV FERRERA, ROCCO 300 SE 2ND ST. FT. LAUDERDALE, FL 33301 |

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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: Terry W. Stiles Terry W. Stiles 3/10/06 954-627-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #