

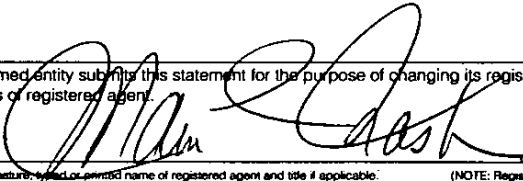
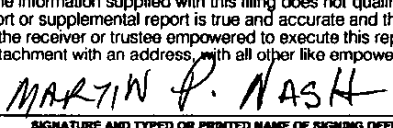


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90041 015 ****61.25

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|--|---|--|---|--|--|
| DOCUMENT # 713453 1. Entity Name WESTCHESTER SHOPPING CENTER MERCHANT'S ASSOCIATION, INC. | | | |  | |
| Principal Place of Business SW 87 AVE + 24 ST MIAMI, FL 33155 | | Mailing Address 6911 SW 147 AVE 3B MIAMI, FL 33193 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 8 ESCONDIDO CIRCLE UNIT # 75 ALTAMONTE SPRINGS FL | |  | |
| City & State ALTAMONTE SPRINGS FL | | City & State ALTAMONTE SPRINGS FL | | FEI Number 59-1319258 | |
| Zip 32701 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent NASH, MARTIN P 6911 S.W. 147 AVE., #3B MIAMI, FL 33193 | | | | 7. Name and Address of New Registered Agent Name MARTIN P. NASH Street Address (P.O. Box Number is Not Acceptable) 8 ESCONDIDO CIRCLE UNIT # 75 ALTAMONTE SPRINGS FL Zip Code 32701 | |
| 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 1/19/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DV PAUL, JOSEPH 825 S BAYSHORE DR MIAMI, FL | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP BROWN, GARY 5901 SW 74 ST MIAMI, FL | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D NASH, MARTIN P 6911 S.W. 147 AVE., #3B MIAMI, FL 33193 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D NASH, MARTIN P 6911 S.W. 147 AVE., #3B MIAMI, FL 33193 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D NASH, MARTIN P 6911 S.W. 147 AVE., #3B MIAMI, FL 33193 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D NASH, MARTIN P 6911 S.W. 147 AVE., #3B MIAMI, FL 33193 | | 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 617, 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:  DATE 1/19/2006 DAYTIME PHONE # 409 332 5777 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |