


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90326 045 \*\*\*\*61.25

<b>DOCUMENT # 726853</b>			
1. Entity Name <b>POINCIANA WEST, INC.</b>			
Principal Place of Business <b>98 SE 6TH AVE. DELRAY BEACH FL 33483</b>		Mailing Address <b>98 SE 6TH AVE. DELRAY BEACH FL 33483</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>904 SE 5TH AVE</b>		Suite, Apt. #, etc. <b>904 SE 5TH AVE</b>	
City & State <b>DELRAY BEACH</b>		City & State <b>DELRAY BEACH, FL</b>	
Zip <b>33483</b>	Country <b>USA</b>	Zip <b>33483</b>	Country <b>USA</b>

**54031256**



MOORE CR2E037 (11/03)

4. FEI Number <b>59-2163574</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>DAGLER, JOSEPH M 98 SE 6TH AVE. SUITE 2 DELRAY BEACH FL 33483</b>		7. Name and Address of New Registered Agent Name <b>DAGHER, JOSEPH M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>904 SE 5TH AVE</b> City <b>DELRAY BEACH</b> <b>FL</b> Zip Code <b>33483</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

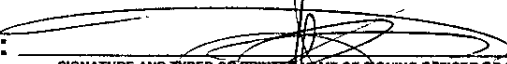
**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	<b>VD MONTGOMERY, SCOTT 6428 LANGDOWNE CIRCLE BOYNTON BCH. FL 33437</b> <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	<b>D WALTERS, ROSE 1230 OLD BOYNTON RD. #218 BOYNTON BCH. FL 33426</b> <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	<b>STD HOPKINS, KENNEMAS 21 SWALLOW DR BOYNTON BCH FL 33437</b> <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	<b>DP EARNHART, CRAIG 70 SE 4TH AVE. DELRAY BCH FL 33483</b> <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 exemption stated in Section 119.07(3)(i), 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:**  **Joseph M. Dagher** Date **4/7/2004** Daytime Phone # **265-3272**