

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F06000007476

1. Entity Name
COMMUNITY WEST BANCSHARES CORP.



FILED
Jul 22, 2008 08:00 AM
Secretary of State

Principal Place of Business
445 PINE AVENUE
GOLETA, CA 93117

Mailing Address
445 PINE AVENUE
GOLETA, CA 93117



07142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 77-0194455	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PIERSON, MICHAEL
225 MAIN STREET
SUITE 20
DESTIN, FL 32541

**DO NOT WRITE
IN THIS SPACE**

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 Michael Pierson

07/14/2008

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO NAHRA, LYNDA 445 PINE AVENUE GOLETA, CA 93117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV BALTUSKONIS, CHARLES G 445 PINE AVENUE GOLETA, CA 93117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRD BARTLEIN, ROBERT 445 PINE AVENUE GOLETA, CA 93117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOIS, JEAN 445 PINE AVENUE GOLETA, CA 93117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ILLGEN, JOHN 445 PINE AVENUE GOLETA, CA 93117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEEPLES, WILLIAM 445 PINE AVENUE GOLETA, CA 93117

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07/22/08-80001-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Chick Baltuskonis

Chick Baltuskonis

07/14/2008

805-692-4409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #