2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# F98000001147

Entity Name: WEST & WEST ASSOCIATES, INC.

Current Principal Place of Business:

101 SOUTH GULFSTREAM AVENUE
14E
SARASOTA, FL 34236 US

New Principal Place of Business:

3875 PRAIRIE DUNES DRIVE
SARASOTA, FL 34238 US

Current Mailing Address:

P.O. BOX 48237
SARASOTA, FL 34230 US

New Mailing Address:

FEI Number: 11-3206868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WEST, SCOTT E
101 SOUTH GULFSTREAM AVENUE
14E
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

WEST, SCOTT E
3875 PRAIRIE DUNES DRIVE
SARASOTA, FL 34238 US

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.

SIGNATURE: _____ 03/23/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WEST, SCOTT E
Address: 101 SOUTH GULFSTREAM AVENUE
City-St-Zip: SARASOTA, FL 34236 US

Title: DVPT ( ) Delete
Name: WEST, ROSEANN
Address: 7931 PINE GROVE COURT
City-St-Zip: SARASOTA, FL 34238 US

Title: SD ( ) Delete
Name: WEST, EDWARD
Address: 7931 PINE GROVE COURT
City-St-Zip: SARASOTA, FL 34238 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WEST, SCOTT E
Address: 3875 PRAIRIE DUNES DRIVE
City-St-Zip: SARASOTA, FL 34238 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEANN WEST DVPT 03/23/2009
Electronic Signature of Signing Officer or Director — Date