

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006481

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: URBAN WEST MANAGEMENT, INC.

**Current Principal Place of Business:**

4890 WEST KENNEDY BLVD.,  
SUITE 920  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

4890 WEST KENNEDY BLVD.,  
SUITE 920  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 59-3308046      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRAY, JOHN H  
Address: 4890 W. KENNEDY BLVD., STE. 920  
City-St-Zip: TAMPA, FL 33609

Title: VPS ( ) Delete  
Name: BRAY, MATTHEW J  
Address: 4890 W. KENNEDY BLVD., STE. 920  
City-St-Zip: TAMPA, FL 33609

Title: VT ( ) Delete  
Name: WEST, DALE A  
Address: 4890 W. KENNEDY BLVD., #850  
City-St-Zip: TAMPA, FL 33609

Title: V ( ) Delete  
Name: SCHAFFER, JOHN H  
Address: 3 IMPERIAL PROMENADE, STE 150  
City-St-Zip: SANTA ANA, CA 92707

Title: V ( ) Delete  
Name: THURTLER, STEPHEN  
Address: 2220 DOUGLAS BLVD., STE 290  
City-St-Zip: ROSEVILLE, CA 95661

Title: AVP ( ) Delete  
Name: LEMONS, DAWN M  
Address: 4890 W KENNEDY BLVD 920  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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 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: DAWN LEMONS

Electronic Signature of Signing Officer or Director

AVAS

04/27/2006

Date