


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # G65839

1. Entity Name
BREAKERS WEST DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address

1560 FLAGLER PKWY 1560 FLAGLER PKWY
W. PALM BEACH, FL 33411 US W. PALM BEACH, FL 33411 US

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2326259 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEONE, PAUL N
THE BREAKERS HOTEL
ON S COUNTY RD
PALM BEACH, FL 33480**

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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 reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	KENAN, JAMES G., III
STREET ADDRESS	212 BARROW ROAD
CITY-ST-ZIP	LEXINGTON, KY
TITLE	VPS
NAME	ATESH, CHANDRA
STREET ADDRESS	1688 BREAKERS WEST BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	P
NAME	LEONE, PAUL N
STREET ADDRESS	OCEANIC COTTAGES
CITY-ST-ZIP	PALM BCH, FL
TITLE	AS
NAME	PFEIFFER, PATRICIA
STREET ADDRESS	2700 CLUBHOUSE PT
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	T
NAME	GILMURRAY, ALEX
STREET ADDRESS	13412 CHELMOFORD ST
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/27/06-80023-014 317.50

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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: *Patricia Pfeiffer* **PATRICIA S. PFEIFFER** Date: **3.13.06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **1.561.659.6300**