2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 08:00 AM DOCUMENT # H74869 **Secretary of State** FOXY LADY-WEST, INC. Mailing Address Principal Place of Business 481 JOHN RINGLING BLVD. 209 BEACH RD. SARASOTA, FL 34242 SARASOTA, FL 34236 01032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2577449 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE EIBLE, LORRAINE 209 BÉACH ROAD SARASOTA, FL 34242 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) H00000388324 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 01/19/06-80074-009 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. EIBLE, LORRAINE NAME 853 SIESTA KEY CIRCLE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

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 cath, 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 in changed, or on an attachment with an accuracy of the empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR