## **FILED 2008 FOR PROFIT CORPORATION** Mar 24, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # K43641 03-24-2008 90058 003 \*\*\*150.00 1. Entity Name 22 WEST MANAGEMENT, INC. Principal Place of Business Mailing Address 40051115 C/O SHIRLEY S. FELTMAN C/O SHIRLEY S. FELTMAN 5661 E. HIGHWAY 98 5661 E. HIGHWAY 98 PANAMA CITY, FL 32404 PANAMA CITY, FL 32404 03192008 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2951229 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FELTMAN, SHIRLEY S. DO NOT WRITE 5661 E. HIGHWAY 98 PANAMA CITY, FL 32404 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 Fiorida. I am familiar with, and accept the obligations of registered agent.

Applied For

Daytime Phone #

	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Register	red Agent signature	required when reinstating)	DATE	•	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution		<b>\$5.00</b> May Be Added to Fees		ė'	
10.	OFFICERS AND DIREC	CTORS	T				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELTMAN, JAMES W. 5661 E. HIGHWAY 98 PANAMA CITY, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELTMAN, SHIRLEY S. 5661 E. HIGHWAY 98 PANAMA CITY, FL						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS				· · ·			

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 ran address, with all other like empowered.

IGNING OFFICER OR DIRECTOR

PRINTED NAME

SIGNATURE: