2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2007 8:00 am Secretary of State

1. Entity Name	MENT # M66105 RE CENTERS OF WEST	BOCA, INC.		02-08-2	007 90051 022 ***150.00	
Principal Place of Business % MARTIN P. HEISE 947 CLINT MOORE RD. BOCA RATON, FL 33487		Mailing Address % MARTIN P. HEISE 947 CLINT MOORE RD. BOCA RATON, FL 33487		40012055		
2. Principal Place of Business - No P O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01302007 Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Number 65-0033818	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desir	\$9.75 Additional	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of N	ew Registered Agent	
			Name			
HEISE, MARTIN P. 943 CLINT MOORE RD. BOCA RATON, FL 33487			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
			City		Zip Code	
1			1		FL Zip Code of Florida. Lam familiar with, and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550			5.00 May Be dded to Fees		
10.	OFFICERS AN	D DIRECTORS	11,	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEISE, MARTIN P. 945 CLINT MOORE RD. BOCA RATON, FL	☐ Đelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	47 Clint N	Noore Rd	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERSON_GERALD S. 943 CLINT MOORE RD. BOCA RATON, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	47 Clint N	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defele	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filling 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 tegery or trustee ambowered to effectle 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 attact men full ambodies. With all attact like empowered.

SIGNATURE: