## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 10, 2008 8:00 am Secretary of State

DOCUMENT # N0100001040  1. Entity Name WESTERN HTE USER'S GROUP, INC.						03-10-2008	90058 025 **	**61.25
17605 MOCKINGBIRD HILL CIRCLE 17			Mailing Address 17605 MOCKINGBIRD HILL CIRCLE RIVERSIDE, CA 92504				8816 881 <b>5</b> 1 (180 88)(1	Kan garnar ar iger
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Addre	5S					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02252008	Chg-NP	CR2E037 (12/	06)
City & State		City & State			4. FEI Number 91-21513	337		Applied For Not Applicable
Zip	_ Country	ـــــ Zip	. Co	ountry	5. Certificate of	Status Desired	□ - \$8:7: Fee Re	5 Additional equired
	6. Name and Address of Current	Registered Agent	•	1	7. Name and A	ddress of New R	egistered Agent	
CT CORP	ORATION SYSTEM			Name				
1200 S PI	NE ISLAND ROAD ION, FL 33324			Street Addre	ess (P.O. Box Number	is Not Acceptable	)	
				City			FL Zig	Code
6 <del>The character</del>	e named entity submits this statement for							141a
the obligat	tions of registered agent.	or the purpose of cha	nging its registe	sied office of reg	ratered agent, or conf.	in the diale of the		will, and addept
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agent	l and title if applicable	(NOTE: Register	ired Agent signature rea	quired when reinstating)		DATE	
SIGNATURE		9. Ele	(NOTE: Register ction Campaign st Fund Contribu	Financing _	quired when reinstating) \$5.00 May 8e Added to Fees		DATE ake check paya da Department	
SIGNATURE	Filling Fee Is \$61.25 Due by May 1, 2008  OFFICERS AND DI	9. Eler Tru	ction Campaign	Financing ution.	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Flori	ake check paya da Department	of State
	Signature, typed or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2008	9. Eler Tru RECTORS	ction Campaign st Fund Contribu  11 lete TITI NAI STE	Financing ution.	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Flori	ake check paya da Department	of State RS-IN 10
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12. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/08

Daytime Phone #