
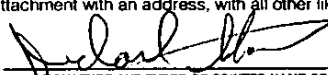


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90233 033 \*\*\*\*61.25

<b>DOCUMENT # N94000003970</b>					
<b>1. Entity Name</b> WOODBRIAR WEST GROUP, INC.					
<b>Principal Place of Business</b> 13807 BRIARTHORN DRIVE TAMPA, FL 33625			<b>Mailing Address</b> 13807 BRIARTHORN DRIVE TAMPA, FL 33625		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04292008    Chg-NP    CR2E037 (12/06)	
Zip		Country		<b>4. FEI Number</b> 59-3270257	
City & State		City & State		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BALL, MELODY 13807 BRIARTHORN DR TAMPA, FL 33625			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee Is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> CIRCHILLO, JOE <b>STREET ADDRESS</b> 7203 WOODBROOK DR <b>CITY-ST-ZIP</b> TAMPA, FL 33625	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Hoel, Ronald <b>STREET ADDRESS</b> 14301 Briarthorn Dr <b>CITY-ST-ZIP</b> Tampa, FL 33625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> MCTEER, WILLIAM <b>STREET ADDRESS</b> 14209 BRIARTHORN DRIVE <b>CITY-ST-ZIP</b> TAMPA, FL 33625	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP/D <b>NAME</b> Ball, melody <b>STREET ADDRESS</b> 13807 BRIARTHORN DR <b>CITY-ST-ZIP</b> TAMPA, FL 33625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> HOEL, RONALD <b>STREET ADDRESS</b> 14301 BRIARTHORN DR <b>CITY-ST-ZIP</b> TAMPA, FL 33625	<input type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> Michael Strobel <b>STREET ADDRESS</b> 14205 Briarthorn Dr <b>CITY-ST-ZIP</b> Tampa FL 33625	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> JACOBS, JAMES <b>STREET ADDRESS</b> 7220 WOODBROOK DRIVE <b>CITY-ST-ZIP</b> TAMPA, FL 33625	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Allison Hirsh <b>STREET ADDRESS</b> 7106 Midland Way <b>CITY-ST-ZIP</b> Tampa, FL 33625	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BURKHARDT, GINA <b>STREET ADDRESS</b> 7212 TIMBER COURT <b>CITY-ST-ZIP</b> TAMPA, FL 33625	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Randy Mathews <b>STREET ADDRESS</b> 14208 Briarthorn Dr <b>CITY-ST-ZIP</b> Tampa, FL 33625	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BALL, MELODY <b>STREET ADDRESS</b> 13807 BRIARTHORN DR <b>CITY-ST-ZIP</b> TAMPA, FL 33625	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 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.</b>					
<b>SIGNATURE:</b> 			Michael Strobel    4-17-08    813-777-6554		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		