


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90463 045 \*\*\*158.75

<b>DOCUMENT # P01000116454</b>	
1. Entity Name <b>WEST COAST HANGARS, INC.</b>	

Principal Place of Business <b>C/O DAVID G. BUDD 3033 RIVIERA DRIVE NAPLES, FL 34103</b>	Mailing Address <b>C/O DAVID G. BUDD 3033 RIVIERA DRIVE NAPLES, FL 34103</b>
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**40091775**



2. Principal Place of Business - No P.O. Box # <b>5551 Ridgewood Drive</b>	3. Mailing Address <b>c/o David G. Budd</b>
Suite, Apt. #, etc. <b>Suite 501</b>	Suite, Apt. #, etc. <b>5551 Ridgewood Dr., #501</b>
City & State <b>Naples, FL</b>	City & State <b>Naples, FL</b>
Zip <b>34108</b>	Country <b>USA</b>

04262007 Chg-P CR2E034 (12/06)

4. FEI Number <b>01-0567088</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
<b>BUDD, DAVID G 3033 RIVIERA DRIVE SUITE 201 NAPLES, FL 34103</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
<b>5551 Ridgewood Drive, Suite 501</b>
City <b>Naples</b> State <b>FL</b> Zip Code <b>34108</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.

SIGNATURE David G. Budd **David G. Budd, Registered Agent** **4/27/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VS BUDD, DAVID G 3033 RIVIERA DRIVE #201 NAPLES, FL 34103 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD STARMAN, SHELDON W 4099 TAMiami TRAIL NORTH-SUITE 400 NAPLES, FL 34103 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V DAVIS, JULIA M 9201 W OLYMPIC BLVD STE 200 BEVERLY HILLS, CA 90212 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	AS LAPIN, DAVID A 9201 W OLYMPIC BLVD STE 200 BEVERLY HILLS, CA 90212 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5551 Ridgewood Drive, Suite 501 Naples, FL 34108</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address, with all other like empowered.

SIGNATURE: David G. Budd **4/27/07 (239) 514-1000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**DAVID G. BUDD, VICE PRESIDENT**