

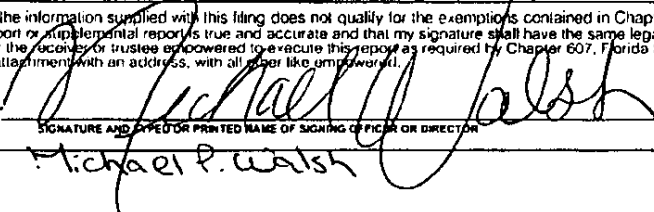
2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/2/2007-90094-036-\$150.00-\$150.00 *
7/12/2007-90057-010-\$150.00-\$150.00

FILED

07 OCT 10 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000094919					
1. Entity Name WEST STREET DEVELOPMENT CORPORATION					
Principal Place of Business 1001 E ATLANTIC AVE STE 202 DELRAY BEACH, FL 33483			Mailing Address 1000 MARKET STREET STE 300 PORTSMOUTH, NH 03801		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR 51-0503725	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and line if applicable (NOTE: Registered Agent signature required when re-electing) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WALSH, MARK		NAME		
STREET ADDRESS	1001 E ATLANTIC AVE STE 202		STREET ADDRESS		
CITY- ST- ZIP	DELRAY BEACH, FL 33444		CITY- ST- ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WALSH, MICHAEL		NAME		
STREET ADDRESS	1001 E ATLANTIC AVE STE 202		STREET ADDRESS		
CITY- ST- ZIP	DELRAY BEACH, FL 33444		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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 officer 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 prior like amendments.					
SIGNATURE: 		7/19/07		361-279-9702	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael P. Walsh		Date		Telephone #	