

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90296 042 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                     |                                                             |                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000132195</b><br>1. Entity Name<br><b>41 WEST REALTY GROUP, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                                                                     |                                                             |                                                                                                               |  |
| Principal Place of Business<br><b>1770 N TAMiami TRAIL<br/>SARASOTA, FL 34236</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                     |                                                             | Mailing Address<br><b>1770 N TAMiami TRAIL<br/>SARASOTA, FL 34236</b>                                                                                                                          |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | 3. Mailing Address                                                                  |                                                             |                                                                                                                                                                                                |  |
| Sube, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   | Sube, Apt. #, etc.                                                                  |                                                             |                                                                                                                                                                                                |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   | City & State                                                                        |                                                             |                                                                                                                                                                                                |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                           | Zip                                                                                 | Country                                                     |                                                                                                                                                                                                |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                     |                                                             | 7. Name and Address of New Registered Agent                                                                                                                                                    |  |
| <b>FINE, TERRY L<br/>1770 N TAMiami TRAIL<br/>SARASOTA, FL 34236</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                     |                                                             | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small> <div style="float: right;">DATE _____</div>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                     |                                                             |                                                                                                                                                                                                |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                             | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                                                                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       |                                                                                                                                                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | P <input type="checkbox"/> Delete |                                                                                     | TITLE                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FINE, TERRY L                     |                                                                                     | NAME                                                        |                                                                                                                                                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1770 N TAMiami TRAIL              |                                                                                     | STREET ADDRESS                                              |                                                                                                                                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SARASOTA, FL 34236                |                                                                                     | CITY-ST-ZIP                                                 |                                                                                                                                                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete   |                                                                                     | TITLE                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                     | NAME                                                        |                                                                                                                                                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                                                                                     | STREET ADDRESS                                              |                                                                                                                                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                     | CITY-ST-ZIP                                                 |                                                                                                                                                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete   |                                                                                     | TITLE                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                     | NAME                                                        |                                                                                                                                                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                                                                                     | STREET ADDRESS                                              |                                                                                                                                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                     | CITY-ST-ZIP                                                 |                                                                                                                                                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete   |                                                                                     | TITLE                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                     | NAME                                                        |                                                                                                                                                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                                                                                     | STREET ADDRESS                                              |                                                                                                                                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                     | CITY-ST-ZIP                                                 |                                                                                                                                                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete   |                                                                                     | TITLE                                                       | <input type="checkbox"/> Change <input type="checkbox"/> 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 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. |                                   |                                                                                     |                                                             |                                                                                                                                                                                                |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                     | <b>TERRY L. FINE</b>                                        |                                                                                                                                                                                                |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                     | 4/21/06 941-373-9378<br><small>Date Daytime Phone #</small> |                                                                                                                                                                                                |  |