
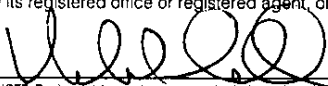
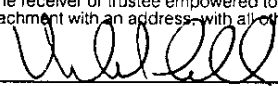


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90111 019 ***150.00

DOCUMENT # P05000026916 1. Entity Name COMMUNITY MANAGEMENT PROFESSIONALS WEST, INC.			
Principal Place of Business 5401 S KIRKMAN RD STE 450 ORLANDO, FL 32819		Mailing Address 5401 S KIRKMAN RD STE 450 ORLANDO, FL 32819	
2. Principal Place of Business - No P.O. Box # 10014 Grove Dr Suite, Apt. #, etc. Suite C		3. Mailing Address 10014 Grove Dr Suite, Apt. #, etc. Suite C	
City & State Port Richey FL		City & State Port Richey, FL	
Zip 34668		Zip 34668	
Country 		Country 	
4. FEI Number 20-2378857		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARPENTER, SUE 5401 S KIRKMAN RD STE 450 ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name Michael J. Small Street Address (P.O. Box Number is Not Acceptable) 10014 Grove Dr Suite C City Port Richey FL Zip Code 34668	
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 Michael Small  4/12/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P.D. <input type="checkbox"/> Delete NAME CARPENTER, SUE STREET ADDRESS 5401 S KIRKMAN RD STE 450 CITY-ST-ZIP ORLANDO, FL 32819	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE P.D. <input type="checkbox"/> Delete NAME SMALL, MICHAEL J STREET ADDRESS 5401 S KIRKMAN RD STE 450 CITY-ST-ZIP ORLANDO, FL 32819	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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.			
SIGNATURE:  Michael Small 4/12/08 727-863-9307 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			