

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000026916

FILED
Jun 17, 2008
Secretary of State**Entity Name:** COMMUNITY MANAGEMENT PROFESSIONALS WEST, INC.**Current Principal Place of Business:**10014 GRAVE DR
STE C
PORT RICHEY, FL 34668**New Principal Place of Business:****Current Mailing Address:**10014 GRAVE DR
STE C
PORT RICHEY, FL 34668**New Mailing Address:****FEI Number:** 20-2378857**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SMALL, MICHAEL J
10014 GRAVE DR
STE C
PORT RICHEY, FL 34668 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** VD (X) Delete
Name: CARPENTER, SUE
Address: 5401 S KIRKMAN RD STE 450
City-St-Zip: ORLANDO, FL 32819**Title:** PD () Delete
Name: SMALL, MICHAEL J
Address: 5401 S KIRKMAN RD STE 450
City-St-Zip: ORLANDO, FL 32819**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** PD (X) Change () Addition
Name: SMALL, MICHAEL J
Address: 10014 GRAVE DR SUITE C
City-St-Zip: PORT RICHEY, FL 34668

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SMALL

P

06/17/2008

Electronic Signature of Signing Officer or Director_____
Date