

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90274 035 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                                                                                                                            |                                                                                                                                                              |                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| <b>DOCUMENT # P05000097391</b><br>1. Entity Name<br><b>31 WEST, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    |                                                                                                                            |                                                                                                                                                              |                                                                   |  |
| Principal Place of Business<br><b>6536 PINECASTLE BOULEVARD<br/>SUITE A<br/>ORLANDO, FL 32809</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                                                            | Mailing Address<br><b>6536 PINECASTLE BOULEVARD<br/>SUITE A<br/>ORLANDO, FL 32809</b>                                                                        |                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    | 3. Mailing Address                                                                                                         |                                                                                                                                                              |                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    | Suite, Apt. #, etc.                                                                                                        |                                                                                                                                                              |                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    | City & State                                                                                                               |                                                                                                                                                              |                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                            | Zip                                                                                                                        | Country                                                                                                                                                      |                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>INMAN, ERIC J<br/>6536 PINECASTLE BOULEVARD<br/>SUITE A<br/>ORLANDO, FL 32809</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                                                                                                            | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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.<br><br>SIGNATURE _____ DATE _____<br><small>Signature, hand printed and dated of registered agent and the filer (code) (P.O. Box Number is Not Acceptable) (P.O. Box Number is Not Acceptable) (P.O. Box Number is Not Acceptable)</small>                                                                                                                                                                      |                                    |                                                                                                                            |                                                                                                                                                              |                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>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<br/>Added to Fees</b> |                                                                                                                                                              |                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                 |                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | P <input type="checkbox"/> Delete  |                                                                                                                            | TITLE                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | INMAN, ERIC J                      |                                                                                                                            | NAME                                                                                                                                                         |                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6536 PINECASTLE BOULEVARD, SUITE A |                                                                                                                            | STREET ADDRESS                                                                                                                                               |                                                                   |  |
| CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ORLANDO, FL 32809                  |                                                                                                                            | CITY ST ZIP                                                                                                                                                  |                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | VP <input type="checkbox"/> Delete |                                                                                                                            | TITLE                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | EPP, CHRISTY L                     |                                                                                                                            | NAME                                                                                                                                                         |                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6536 PINECASTLE BOULEVARD, SUITE A |                                                                                                                            | STREET ADDRESS                                                                                                                                               |                                                                   |  |
| CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ORLANDO, FL 32809                  |                                                                                                                            | CITY ST ZIP                                                                                                                                                  |                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | S <input type="checkbox"/> Delete  |                                                                                                                            | TITLE                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | EPP, CHRISTY L                     |                                                                                                                            | NAME                                                                                                                                                         |                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6536 PINECASTLE BOULEVARD, SUITE A |                                                                                                                            | STREET ADDRESS                                                                                                                                               |                                                                   |  |
| CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ORLANDO, FL 32809                  |                                                                                                                            | CITY ST ZIP                                                                                                                                                  |                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | T <input type="checkbox"/> Delete  |                                                                                                                            | TITLE                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | INMAN, SAMUEL W                    |                                                                                                                            | NAME                                                                                                                                                         |                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6536 PINECASTLE BOULEVARD, SUITE A |                                                                                                                            | STREET ADDRESS                                                                                                                                               |                                                                   |  |
| CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ORLANDO, FL 32809                  |                                                                                                                            | 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 subsequent 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 officers empowered. |                                    |                                                                                                                            |                                                                                                                                                              |                                                                   |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                                                            | 1/10/06 467-859-2020                                                                                                                                         |                                                                   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                                                            | <small>Date</small>                                                                                                                                          |                                                                   |  |