2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2007 08:00 AM DOCUMENT # P05000097391 1. Entity Name **Secretary of State** 31 WEST, INC. Principal Place of Business Mailing Address 6536 PINECASTLE BOULEVARD 6536 PINECASTLE BOULEVARD SUITE A SUITE A ORLANDO, FL 32809 ORLANDO, FL 32809 CR2E034 (11/05) 01152007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3177776 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent INMAN, ERIC J DO NOT WRITE 6536 PINECASTLE BOULEVARD SUITE A IN THIS SPACE ORLANDO, FL 32809 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME INMAN, ERIC J U00000602857 STREET ADDRESS 6536 PINECASTLE BOULEVARD, SUITE A 01/26/07-80708-025 150.00 CITY-ST-ZIP ORLANDO, FL 32809 TITLE NAME EPP, CHRISTY L STREET ADDRESS 6536 PINECASTLE BOULEVARD, SUITE A CITY-ST-ZIP ORLANDO, FL 32809 S NAME EPP, CHRISTY L STREET ADDRESS 6536 PINECASTLE BOULEVARD, SUITE A DO NOT WRITE CITY-ST-7IP ORLANDO, FL 32809 TITLE IN THIS SPACE NAME INMAN, SAMUEL W STREET ADDRESS 6536 PINECASTLE BOULEVARD, SUITE A CITY-ST-ZiP ORLANDO, FL 32809

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:

NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CUTY-ST-ZIP

SIGNATURE AND TYPYD OR PRINTED WARD OF SIGNING OFFICER OR DRECTOR

1/15/07

407-859-2020