2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P07000093879

Entity Name: WEST ADVANCED TECHNOLOGIES, INC.

Current Principal Place of Business:

BRYN MAWR ST
SUITE F
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

BRYN MAWR ST
SUITE F
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 26-1780250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WEST, PHILLIP M
3802 BRYN MAWR ST
SUITE F
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

MEDCALF, GRADY A
3802 BRYN MAWR ST
SUITE F
ORLANDO, FL 32808 US

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: GRADY MEDCALF 03/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WEST, PHILLIP M
Address: 7322 PENFIELD CT
City-St-Zip: ORLANDO, FL 32818

Title: VP ( ) Delete
Name: WEST, KAREN A
Address: 7322 PENFIELD COURT
City-St-Zip: ORLANDO, FL 32818

Title: COO (X) Delete
Name: MEDCALF, GRADY A
Address: 850 BARRISTER DR.
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WEST, KAREN A
Address: 7322 PENFIELD CT
City-St-Zip: ORLANDO, FL 32818

Title: VP (X) Change ( ) Addition
Name: MEDCALF, GRADY A
Address: 850 BARRISTER DR.
City-St-Zip: AUBURNDALE, FL 33823

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GRADY MEDCALF VP 03/23/2009
Electronic Signature of Signing Officer or Director Date