2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000084142

1. Entity Name G-P PHOENIXWEST, INC.



Principal Place of Business

2295 CORPORATE BLVD NW

STE 222

BOCA RATON, FL 33431-7330 US

Mailing Address

2295 CORPORATE BLVD NW

STE 222

BOCA RATON, FL 33431-7330 US

FILED

2007 MAR 19 PM 3: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA



01092007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0453337

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

HERRICK, NORTON 2295 CORPORATE BLVD NW

STE 222 BOCA RATON, FL 33431

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8.	The above named entity submits this statement for the purpose of changing its registered	ed office or registered agent, or both, in the State of Florida.	I am familiar with, and acc	ept
	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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	VST
NAME	HERRICK, NORTON
STREET ADDRESS	2295 CORPORATE BLVD NW, #222
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	DPAS
NAME	HERRICK, HOWARD
STREET ADDRESS	2 RIDGEDALE AVE STE 370
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927
TITLE	DVAS
NAME	HERRICK, MICHAEL
STREET ADDRESS	2 RIDGEDALE AVE STE 370
CITY+ST+ZIP	CEDAR KNOLLS, NJ 07927
TITLE	D
NAME	HERRICK, EVAN
STREET ADDRESS	2 RIDGEDALE AVE STE 370
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927
TITLE	C
NAME	KERMALLI, NISAR
STREET ADORESS	2 RIDGEDALE AVE SUITE 370
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 attachmentum in address, with all other like empowered.

SIGNATURE:

NING OFFICER OR DIRECTOR

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