2007 FOR PROFIT CORPORATION

Jan 29, 2007 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P97000034228 1. Entty Name JOY WEST P.A. Mailing Address Principal Place of Business 2907 NW 104TH COURT 2907 NW 104TH COURT US GAINESVILLE, FL 32606 US GAINESVILLE, FL 32606 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3438929 Not Applicable \$8.75 Additional 5, Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REEDY, MICHAEL DO NOT WRITE 305 N PARSONS AVE BRANDON, FL 33510 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE WEST, JOY NAME SIRELI ADDRESS 2907 NW 104TH COURT GAINESVILLE, FL 32606 CODY-SI-ZIP U00000608377 02/01/07-80007-023 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY -ST - ZIP HILE MAME STREET ADDRESS CITY-ST-ZIP THIE

12. Thereby certify that the information supplied with this filling 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. 352-505-6000

SIGNATURE:

NHÆ STREET ADDRESS CITY-ST-ZIP

Tov West.

FILED

727- 460 -1239C