


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State


04-12-2006 90072 002 ***150.00

DOCUMENT # P97000054892	
1. Entity Name WEST ATLANTIC ASSOCIATES, INC.	

Principal Place of Business 9690 W. SAMPLE RD., STE 102 CORAL SPRINGS, FL 33065	Mailing Address 10180 NW 48TH DR. CORAL SPRINGS, FL 33076
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2. Principal Place of Business 9690 W. Sample Road	3. Mailing Address
Suite, Apt. #, etc. Suite 104	Suite, Apt. #, etc.
City & State Coral Springs, FL	City & State
Zip 33065	Country USA

40046643



04032006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0759682	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
LARKIN, BERNICE 10180 NW 48TH DR. CORAL SPRINGS, FL 33076	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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.

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LARKIN, BERNICE 10180 NW 48TH DR. CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Bernice Larkin **Bernice Larkin, President** 4/10/06 **954-346-5207**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #