


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90226 027 ***150.00

DOCUMENT # P97000074814		
1. Entity Name VILLAGE WEST, INC.		

Principal Place of Business 6400 W COLONIAL DR ORLANDO, FL 32818 US	Mailing Address 160 CRYSTAL OAK DR DELAND, FL 32720 US
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2. Principal Place of Business		3. Mailing Address 1535 JERN Hollow DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State DEland FL.	
Zip	Country	Zip 32720	Country

	
02092006 Chg-P	CR2E034 (11/05)
4. FEI Number 59-3470075	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOWE, RONALD 685 OLD TREE LANE TRAIL DELAND, FL 32724	
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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 _____ (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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWE, RONALD	NAME	
STREET ADDRESS	685 TREELINE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 32720	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, DAVID	NAME	
STREET ADDRESS	201 S. FLORIDA AVE.	STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 32720	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWE, CHRISTOPHER	NAME	D Howe Christopher
STREET ADDRESS	160 CRYSTAL OAK DR	STREET ADDRESS	1535 JERN Hollow DR
CITY-ST-ZIP	DELAND, FL 32720	CITY-ST-ZIP	DEland FL. 32720
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 4-2806 386-740-1111