


FILED  
Jun 05, 2006 8:00 am  
Secretary of State

06-05-2006 90146 015 \*\*\*150.00

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P97000077633</b>					
1. Entity Name <b>WESTWOOD MANAGEMENT OF FLORIDA, INC.</b>					
Principal Place of Business <b>550 HARBOR POINT ROAD LONGBOAT KEY, FL-34228 US</b>			Mailing Address <b>46 N. WASHINGTON BLVD SUITE A SARASOTA, FL 34236 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc. <b>SUITE 1</b>		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>65-0779621</b>			Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>LPS CORPORATE SERVICES, INC 46 N. WASHINGTON BLVD SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
<b>SUITE 1</b>			<b>SUITE 1</b>		
City			City		Zip Code
<b>FL</b>			<b>FL</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>DATE: Registered Agent signature required when reappointing</small> <small>DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>WATSON, MARTIN S</b>	NAME			
STREET ADDRESS	<b>550 HARBOR POINT RD.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>	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			
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: _____			Date: <b>6/20/06</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<b>MARTIN S. WATSON, President</b>					

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