


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90202 034 ***150.00

DOCUMENT # P99000015209		
1. Entity Name PHOENIX OF WEST COMMERCIAL, INC.		

Principal Place of Business 1101 S. ROGERS CIRCLE, SUITE #3 BOCA RATON, FL 33487	Mailing Address 1101 S. ROGERS CIRCLE, SUITE #3 BOCA RATON, FL 33487
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60034343

2. Principal Place of Business 1101 S. ROGERS CIRCLE Suite, Apt. #, etc. SUITE 10 City & State BOCA RATON, FL Zip 33487 Country USA	3. Mailing Address 1101 S. ROGERS CIRCLE Suite, Apt. #, etc. SUITE 10 City & State BOCA RATON, FL Zip 33487 Country USA
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01212006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0900780	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 DANIELS, THEODORE 4400 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name GLENN LEVINS Street Address (P.O. Box Number is Not Acceptable) 1101 S. ROGERS CIRCLE Suite 10 City BOCA RATON FL Zip Code 33487
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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 GLENN LEVINS DATE 1-21-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P LEVINS, GLENN 1101 S ROGERS CIRCLE SUITE 3 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVINS, JAY 2250 WASHINGTON AVE SEAFORD, NY 11783 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVINS, LAWRENCE 2250 WASHINGTON AVE SEAFORD, NY 11783 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARY LEVIN'S 1101 S. ROGERS CIRCLE #10 BOCA RATON, FL 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: GLENN LEVINS DATE 1-21-06 DAYTIME PHONE # 561-988-2036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR