## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 25, 2006 08:00 AM Secretary of State P99000072020 Entity Name WESTSIDE T'S OF GAINESVILLE, INC. Principal Place of Business Mailing Address 05232006 No Cha P CR E0 (110) Applied For FEI Number 52-2186370 Not Applicat. 7 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WHITE, WILTON L 625 N FLAGLER DR, 9TH FL WEST PALM BEACH, FL 33401 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE .00 May Be FILE NOWILL FEE IS \$150.00 Election Campaign Financing in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 10. OFFICERS AND DIRECTORS TITLE D NAME BALDWIN, MICHAEL 000000566053 05/25/06-80003-009 150.00 STREET ADDRESS 4445 SW 35TH TERR, SUITE 410 CITY-ST-ZIP GAINESVILLE, FL 32608 Ω NAME BALDWIN, DENISE STREET ADDRESS 4445 SW 35TH TERR, SUITE 410 CITY-ST-ZIP GAINESVILLE, FL 32608 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P ШΕ NAME

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1. I hereby 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 of disc. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Mile Bald

STREET ADDRESS
CITY-ST-ZIP