


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90190 044 ****61.25

DOCUMENT # 742227
 1. Entity Name
W. E. ASSOCIATION, INC.



Principal Place of Business
**900 E ATLANTIC AVE
 PO BOX 612
 DELRAY BEACH, FL 33447**


Mailing Address
**900 E ATLANTIC AVE
 PO BOX 612
 DELRAY BEACH, FL 33447**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

50036477



01192005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1843809

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KOCH, WILLIAM F
 900 E ATLANTIC AVENUE
 DELRAY BEACH, FL 33483**

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

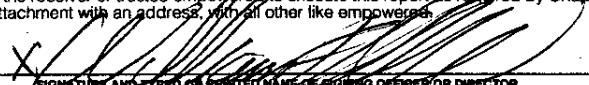
Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	
TITLE VPD NAME SMITH, JAMES B STREET ADDRESS 900 E. ATLANTIC AVE. CITY-ST-ZIP DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	TITLE TD NAME TD STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME KOCH, WILLIAM F III STREET ADDRESS 900 E. ATLANTIC AVE. CITY-ST-ZIP DELRAY BEACH, FL	<input type="checkbox"/> Delete	TITLE VPD NAME VPD STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME THERIEN, JOHN STREET ADDRESS 900 E. ATLANTIC AVE. CITY-ST-ZIP DELRAY BEACH, FL	<input type="checkbox"/> Delete	TITLE PD NAME PD STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME CAVANAUGH, SILVANA STREET ADDRESS 900 E. ATLANTIC AVE CITY-ST-ZIP DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	TITLE <i>ok</i> NAME <i>ok</i> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME BLUM, THOMAS STREET ADDRESS 900 ATLANTIC AVE CITY-ST-ZIP DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	TITLE <i>ok</i> NAME <i>ok</i> 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 exemption stated in Section 119.07(3)(i), 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 617, 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 empowers.

SIGNATURE:  **04/07/05 (561)278-1800**
SIGNATURE AND FULL OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR Date Daytime Phone #