


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90225 035 ****61.25

DOCUMENT # 742227

1. Entity Name
W. E. ASSOCIATION, INC.




Principal Place of Business
**900 E ATLANTIC AVE
 DELRAY BEACH, FL 33483**

Mailing Address
**925 HIBISCUS LN
 DELRAY BEACH, FL 33444**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01312007 Chg-NP CR2E037 (12/06)

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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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	TD	<input checked="" type="checkbox"/> Delete	TITLE	WILLIAME, MORRIS VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINKLER, NANCY		NAME	900 E ATLANTIC AVE	
STREET ADDRESS	900 E ATLANTIC AVE		STREET ADDRESS	DELRAY BEACH, FL 33483	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	KOCH, WILLIAM F III D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, WILLIAM F III		NAME	900 E ATLANTIC AVE	
STREET ADDRESS	900 E ATLANTIC AVE.		STREET ADDRESS	DELRAY BEACH, FL 33483	
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THERIEN, JOHN		NAME		
STREET ADDRESS	900 E. ATLANTIC AVE.		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SUE TAURIELLO TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAUXIELLO, SUSAN		NAME	900 E ATLANTIC AVE	
STREET ADDRESS	900 E ATLANTIC AVE		STREET ADDRESS	DELRAY BEACH FL 33483	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUM, THOMAS		NAME		
STREET ADDRESS	900 ATLANTIC AVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		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 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 empowered.

SIGNATURE: Tom Blum **4/19/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #