

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000539

FILED
Mar 28, 2005
Secretary of State

Entity Name: WESTERN FINANCIAL ASSOCIATE SOLUTIONS INC.

Current Principal Place of Business:

23 PASTEUR RD
IRVINE, CA 92618

New Principal Place of Business:

Current Mailing Address:

23 PASTEUR RD
IRVINE, CA 92618

New Mailing Address:

FEI Number: 20-0362710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MARCHAK, KAREN
Address: 23 PASTEUR RD
City-St-Zip: IRVINE, CA 92618

Title: SVP () Delete
Name: WHATCOTT, LEE
Address: 23 PASTEUR RD
City-St-Zip: IRVINE, CA 92618

Title: CFO (X) Delete
Name: WHATCOTT, LEE
Address: 23 PASTEUR RD
City-St-Zip: IRVINE, CA 92618

Title: VPC () Delete
Name: OLSON, MARK
Address: 23 PASTEUR RD
City-St-Zip: IRVINE, CA 92618

Title: VPT () Delete
Name: PALMER, J. KEITH
Address: 23 PASTEUR RD
City-St-Zip: IRVINE, CA 92618

Title: VP () Delete
Name: CHASE, SHELLEY M
Address: 23 PASTEUR RD
City-St-Zip: IRVINE, CA 92618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: DU BOSE, GUY
Address: 23 PASTEUR
City-St-Zip: IRVINE, CA 92656

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUY DU BOSE

SEC

03/28/2005

Electronic Signature of Signing Officer or Director

_____ Date