


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # F05000005986
 1. Entity Name
 WCA OF CENTRAL FLORIDA, INC.



Principal Place of Business
 ONE RIVERWAY, SUITE 1400
 HOUSTON, TX 77056

Mailing Address
 ONE RIVERWAY, SUITE 1400
 HOUSTON, TX 77056

DO NOT WRITE IN THIS SPACE



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number
 20-3753650

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
 155 OFFICE PLAZA DR.
 SUITE A
 TALLAHASSEE, FL 32301

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000867884
 01/08/08 00000 005.150.00

10. OFFICERS AND DIRECTORS

TITLE	COBD
NAME	FATJO, TOM J JR.
STREET ADDRESS	ONE RIVERWAY, SUITE 1400
CITY-ST-ZIP	HOUSTON, TX 77056
TITLE	PD
NAME	KRUSZKA, JEROME M
STREET ADDRESS	ONE RIVERWAY, SUITE 1400
CITY-ST-ZIP	HOUSTON, TX 77056
TITLE	VS
NAME	MENGER, J. EDWARD
STREET ADDRESS	ONE RIVERWAY, SUITE 1400
CITY-ST-ZIP	HOUSTON, TX 77056
TITLE	V
NAME	MITCHELL, KEVIN D
STREET ADDRESS	ONE RIVERWAY, SUITE 1400
CITY-ST-ZIP	HOUSTON, TX 77056
TITLE	V
NAME	PAXTON, MICHAEL L
STREET ADDRESS	ONE RIVERWAY, SUITE 1400
CITY-ST-ZIP	HOUSTON, TX 77056
TITLE	V
NAME	EWELL, DAVID C
STREET ADDRESS	ONE RIVERWAY, SUITE 1400
CITY-ST-ZIP	HOUSTON, TX 77056

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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: Kevin Mitchell Kevin Mitchell 3.14.08 713 292 2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #