2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000060964

Entity Name: W/H PROFESSIONAL ASSOCIATES, INC.

FILED Jan 13, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7378 W. ATLANTIC BLVD 1485 S.W. SILVERPINE WAY #227 UNIT B-1

MARGATE, FL 33063 US PALM CITY, FL 34990 US

Current Mailing Address: New Mailing Address:

1485 S.W. SILVERPINE WAY UNIT B-1 PALM CITY, FL 34990 US

FEI Number: 65-1114270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NORMAN, WILLIAM H
7378 W. ATLANTIC BLVD
#227
MARGATE, FL 33063 US
NORMAN, WILLIAM H
1485 S.W. SILVERPINE WAY
UNIT B-1
PALM CITY, FL 34990 US

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: WILLIAM H. NORMAN 01/13/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Address: City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: () Change () Addition Name: NORMAN, WILLIAM H Name:

NORMAN, WILLIAM H

1485 S.W. SILVERPINE WAY

Address:
PALM CITY, FL 34990 US

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: WILLIAM H. NORMAN PSTD 01/13/2005