

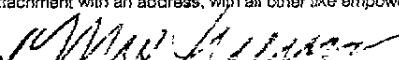


**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 531486</b>				<b>Secretary of State</b>	
1. Entity Name WCAA, INC.					
Principal Place of Business 3533 PINE FOREST ROAD CANTONMENT, FL 32533		Mailing Address 3533 PINE FOREST ROAD CANTONMENT, FL 32533			
<b>DO NOT WRITE IN THIS SPACE</b>					
				03242004 No Chg-P CR2E034 (10/03)	
				4. FEI Number 59-1804369	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CULBERTSON, M. WARREN 3533 PINE FOREST ROAD CANTONMENT, FL 32533				<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				03/31/04 00000-019 150.00	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CULBERTSON, M W 3533 PINE FORREST RD CANTONMENT, FL 00000,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CULBERTSON, ESTHER 3533 PINE FORREST RD CANTONMENT, FL 00000,				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 				13-27-04 950-478-6540	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	