2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008459

FILED Feb 18, 2005 Secretary of State

Entity Name: WELLINGTON TRAVEL BASKETBALL ASSOCIATION, INC.

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

3460 FAIRLANE FARMS RD STE 6 P.O. BOX 1024

WELLINGTON, FL 33414 LOXAHATCHEE, FL 33470

Current Mailing Address: New Mailing Address:

3460 FAIRLANE FARMS RD STE 6 P.O. BOX 1024

WELLINGTON, FL 33414 LOXAHATCHEE, FL 33470

FEI Number: 43-1985375 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:

HAMMER, LOWELL C TREAS WELTE, MICHAEL J PRES

3460 FAIRLANE FARMS RD STE 6 P.O. BOX 1024

WELLINGTON, FL 33414 LOXAHATCHEE, FL 33470 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: MICHAEL J. WELTE 02/18/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

HAVGHN, STEVE WELTE, MIKE Name: Name: 1543 HOLLYHUCK RD. Address: 12328 AREACA DR Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33414

() Delete (X) Change () Addition

Title: Title: HAMMER, LOWELL C Name: JONES, RAY Name:

Address: 12641 WHITBY ST Address: 13856 ELDER COURT City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33414

Title: () Delete Title: () Change () Addition

MCDERMOTT, JOHNNIE Name: Name: Address: 9233 OLMSTEND DRIVE Address:

City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip:

Title: () Delete Title: (X) Change () Addition CARLTON, SMITH Name: Name: MICHAUD, MIKE

8515 WHITE EGRET WAY 6894 LAKE WORTH RD SUITE 206 Address: Address:

City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467

Title: () Delete Title: (X) Change () Addition

TREE, KRELLNER PEAVLER, FLIP Name: Name:

14805 STIRRUP PLACE 13625 LA MARADA CIRCLE Address: Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33414

Title: () Delete Title: () Change (X) Addition

FORGIONE, ANTHONY Name: Name: Address: Address: 12735 HEADWATER CIRCLE WELLINGTON, FL 33414 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. WELTE **PRES** 02/18/2005