


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90010 023 ****70.00

DOCUMENT # N04000002683	
1. Entity Name THE WEST-INDIAN AMERICAN EDUCATIONAL & CULTURAL NETWORK, INC.	

Principal Place of Business 4500 BAYMEADOWS ROAD #274 JACKSONVILLE FL 32217	Mailing Address 4500 BAYMEADOWS ROAD #274 JACKSONVILLE FL 32217
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2. Principal Place of Business 5805 Buckley Drive	3. Mailing Address 5805 Buckley Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32244	Country Duval



1st MOORE CR2E037 (10/04)

4. FEI Number 55-0871444	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MITCHELL, KEN BONAPARTE 4500 BAYMEADOWS ROAD #274 JACKSONVILLE FL 32217 5805 Buckley Drive Jacksonville, FL 32244 (New)
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7. Name and Address of New Registered Agent Name Ken Bonaparte Mitchell Street Address (P.O. Box Number is Not Acceptable) 5805 Buckley Drive City Jacksonville, FL Zip Code 32244

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</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MITCHELL, KEN BONAPARTE 4500 BAYMEADOWS ROAD #274 JACKSONVILLE FL 32217 President <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carlyle G. Varlack 2117 Brighton Bay Trail Jacksonville, FL 32246 (Direct <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mary Dell Mitchell 5805 Buckley Drive (Secretary) Jacksonville, FL 32244 (Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. Patricia Whittingham 12571 Ashmore Green Drive Jacksonville, FL 32246 (Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ken B. Mitchell, Treasurer 5805 Buckley Drive Jacksonville, FL 32244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Ken B. Mitchell</i>	3-24-05	(904) 317-8985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date	Daytime Phone #	