


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90007 020 ****61.25

DOCUMENT # N97000000387	
1. Entity Name WESTERN COMMUNITIES BUSINESS ASSOCIATES, INC.	

Principal Place of Business 1615 FORUM PLACE STE. 500-B WEST PALM BEACH, FL 33401	Mailing Address P.O. BOX 808 LOXAHATCHEE, FL 33470
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02052006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0725863	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARINELLI, JOHN P 1615 FORUM PL STE 500-B W PALM BCH, FL 33401		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAHL, ALBERT H			NAME			
STREET ADDRESS	384 OTTAWA COURT			STREET ADDRESS			
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, KRISTINE F			NAME	Jann Seal		
STREET ADDRESS	4360 LISA DRIVE			STREET ADDRESS	1230 Forest Hill Blvd #114		
CITY-ST-ZIP	LAKE WORTH, FL 33467			CITY-ST-ZIP	Wellington FL 33414		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNYDER, SCOTT B			NAME			
STREET ADDRESS	11328 OKEECHOBEE BLVD, STE 9			STREET ADDRESS			
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADOTTA, SAL			NAME			
STREET ADDRESS	11191 52 RD N			STREET ADDRESS			
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARINELLI, JOHN			NAME			
STREET ADDRESS	1615 FORUM PLACE, STE. 500-B			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 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 life empowered.

SIGNATURE:  **Feb 8, 2006** **561-798-1507**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #