2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000100305

City-St-Zip:

KISSIMMEE, FL 34747

FILED Apr 29, 2005 Secretary of State

Entity Name: WE CAUSE TRAFFIC, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
7799 STYL KISSIMMEI	ES BLVD E, FL 34747		1705 NORTH GOODMA KISSIMMEE, FL 34747	N ROAD	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
7799 STYL KISSIMMEI	ES BLVD E, FL 34747		1705 NORTH GOODMA KISSIMMEE, FL 34747	N ROAD	
FEI Number:	59-3699527	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
STYLES, JEAN E 7799 STYLES BLVD KISSIMMEE, FL 34747 US			STYLES, JEAN E 1705 NORTH GOODMA KISSIMMEE, FL 34747	1705 NORTH GOODMAN ROAD	
The above in the State		omits this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: JEAN E. STYLES				04/29/2005	
	Electronic	Signature of Registered Ager	nt	Date	
Election Can	npaign Financing T	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () De STYLES, JEAN E 1705 N. GOODMA KISSIMMEE, FL 3	N ROAD	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	D (X) DO STYLES, JEAN E 7799 STYLES BLV KISSIMMEE, FL 3	/D	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	D (X) De ASSERSOHN, DEN	NISE L	Title: (Name: Address:) Change () Addition	

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.

City-St-Zip:

SIGNATURE: JEAN E. STYLES 04/29/2005 D