2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005
Secretary of State

DOCUMENT# P01000097291

Entity Name: W. FAMILY ENTERPRISES, INC.

Current Principal Place of Business:

16239 SOUTH WEST 16TH STREET
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

16239 SOUTH WEST 16TH STREET
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 65-1143620 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARVEY BRANKER & ASSOCIATES
3107 WEST HALLANDALE BEACH BLVD SUITE 101A
PEMBROKE PARK, FL 33009 US

Name and Address of New Registered Agent:

HARVEY BRANKER & ASSOCIATES
3816 HOLLYWOOD BLVD., SUITE 203
HOLLYWOOD, FL 33021 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: 01/13/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WIGGINS, PAUL
Address: 16239 SOUTH WEST 16TH STREET
City-St-Zip: PEMBROKE PINES, FL 33027

Title: SD ( ) Delete
Name: WIGGINS, CASSANDRA
Address: 16239 SOUTH WEST 16TH STREET
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WIGGINS, PAUL R
Address: 16239 SOUTH WEST 16TH STREET
City-St-Zip: PEMBROKE PINES, FL 33027

Title: SD (X) Change ( ) Addition
Name: WIGGINS, CASSANDRA R
Address: 16239 SOUTH WEST 16TH STREET
City-St-Zip: PEMBROKE PINES, FL 33027

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.

SIGNATURE: PAUL R. WIGGINS PD 01/13/2005
Electronic Signature of Signing Officer or Director — Date