2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# P03000096029

Entity Name: WACAN ENTERPRISES, INC.

Current Principal Place of Business:

6698 MEANDERING WAY
BRADENTON, FL 34202

New Principal Place of Business:

524 SOUTH CREEK DRIVE
OSPREY, FL 34229

Current Mailing Address:

6698 MEANDERING WAY
BRADENTON, FL 34202

New Mailing Address:

524 SOUTH CREEK DRIVE
OSPREY, FL 34229

FEI Number: 04-3772901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OWEN, WINSTON
6698 MEANDERING WAY
BRADENTON, FL 34202 US

Name and Address of New Registered Agent:

OWEN, WINSTON
524 SOUTH CREEK DRIVE
OSPREY, FL 34229 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: _____ 05/02/2005
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OWEN, WINSTON
Address: 6698 MEANDERING WAY
City-St-Zip: BRADENTON, FL 34202

Title: VP ( ) Delete
Name: OWEN, ALEXANDER
Address: 6698 MEANDERING WAY
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: OWEN, WINSTON
Address: 524 SOUTH CREEK DRIVE
City-St-Zip: OSPREY, FL 34229

Title: VP (X) Change ( ) Addition
Name: OWEN, ALEXANDRA
Address: 524 SOUTH CREEK DRIVE
City-St-Zip: OSPREY, FL 34229

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: ALEXANDRA OWEN VP 05/02/2005
Electronic Signature of Signing Officer or Director — Date