

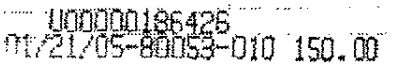


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000001673					
1. Entity Name WRE, INC.		Principal Place of Business 1915 N. DALE MABRY HWY. TAMPA, FL 33607-2521			
Mailing Address % W. ALAN WOODFORD, AGENT 2334 GOLFVIEW DRIVE PITTSBURGH, PA 15241-3308					
DO NOT WRITE IN THIS SPACE		01122005 No Chg-P CR2E034 (10/03)			
4. FEI Number 59-3159297		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For					
Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent U.C.C. FILING & SEARCH SERVICES, INC. 526 E PARK AVENUE SUITE 200 TALLAHASSEE, FL 32301			
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.		DO NOT WRITE IN THIS SPACE			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	P	WOODFORD, W. ALAN	 DO NOT WRITE IN THIS SPACE		
NAME		2334 GOLFVIEW DRIVE			
STREET ADDRESS		PITTSBURGH, PA 152413308			
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 607, 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>W. Alan Woodford</i> W. Alan Woodford <i>Director</i>		1/13/05 412.831.2341			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			