

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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06302005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F02000000458</b>					
1. Entity Name <b>WATSON PARTY TABLES INC.</b>					
Principal Place of Business <b>5121 MONROE ST. HOLLYWOOD, FL 33021</b>			Mailing Address <b>2455 S. ALSTON AVE DURHAM, NC 27713</b>		
2. Principal Place of Business <b>1163 GARFIELD</b>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Hollywood FL</b>		City & State		4. FEI Number <b>56-1815129</b>	
Zip <b>33319</b>		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>WATSON, A. SHAY 5121 MONROE ST HOLLYWOOD, FL 33021</b>			7. Name and Address of New Registered Agent		
			Name <b>MARZA F. STONE</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>1163 GARFIELD</b>		
			City <b>Hollywood</b> FL Zip Code <b>33319</b>		
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 <u><i>Marza F. Stone</i></u> DATE <u><i>7/6/05</i></u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS					
TITLE	<input type="checkbox"/> Delete				
NAME	<b>WATSON, MICHAEL S</b>				
STREET ADDRESS	<b>1300 BROOKS AVENUE</b>				
CITY-ST-ZIP	<b>RALEIGH, NC 27607</b>				
TITLE	<input type="checkbox"/> Delete				
NAME	<b>WATSON, RONNIE</b>				
STREET ADDRESS	<b>28102 GOODMAN ROAD</b>				
CITY-ST-ZIP	<b>GOLD HILL, NC 28071</b>				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
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STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u><i>Michael S. Watson</i></u> <b>Michael S. Watson</b> DATE: <u><i>7/6/05</i></u> <b>7/6/05</b> 919-596-3521 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					