



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2006 8:00 am
Secretary of State

09-12-2006 90008 017 ***550.00

DOCUMENT # F04000001901 1. Entity Name WATCHTOWER ASSOCIATES, LTD. INC.					
Principal Place of Business % SHELDON STERN 10752 WATERFORD PLACE WEST PALM BEACH, FL 33412			Mailing Address % SHELDON STERN 10752 WATERFORD PLACE WEST PALM BEACH, FL 33412		
2. Principal Place of Business 6490 SPARROW HAWK DR		3. Mailing Address 6490 SPARROW HAWK DR			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		08242006 Chg-P CR2E034 (11/05)	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		4. FEI Number 11-3332024	
Zip 33412		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STERN, SHELDON 10752 WATERFORD PLACE WEST PALM BEACH, FL 33412				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6490 SPARROW HAWK DR City WEST PALM BEACH FL Zip Code 33412	
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>✓</u> SHELDON STERN DATE: <u>✓</u>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCS STERN, SHELDON 10752 WATERFORD PLACE WEST PALM BEACH, FL 33412		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6490 SPARROW HAWK DR. WEST PALM BEACH, FL 33412	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>✓</u> SHELDON STERN Date: <u>9/7/06</u> Daytime Phone #: <u>561.630.9620</u>					