


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000004515
 1. Entity Name
WATSON HOLDINGS, INC.



Principal Place of Business Mailing Address
301 HEFFERNAN DRIVE **301 HEFFERNAN DRIVE**
WEST HAVEN, CT 06516 **WEST HAVEN, CT 06516**

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-1405237 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SAYEWITZ, ALAN
3500 GALT OCEAN DRIVE
FT. LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	WATSON, JAMES
STREET ADDRESS	23 SCATTERGOOD ROAD
CITY-ST-ZIP	TRUMBULL, CT 06611
TITLE	VPVC
NAME	WATSON, GAVIN
STREET ADDRESS	70 CRESCENT DRIVE
CITY-ST-ZIP	RIDGEFIELD, CT 06877
TITLE	SD
NAME	HOLLUMS, MOIRA
STREET ADDRESS	690 MULBERRY POINT ROAD
CITY-ST-ZIP	GUILFORD, CT 06437
TITLE	TD
NAME	WATSON, MARY
STREET ADDRESS	1018 CRIGLAS ROAD
CITY-ST-ZIP	WALES, WI 53183
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000439244
 03/01/06-80039-008 150.00

DO NOT WRITE IN THIS SPACE

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: James Watson President/ceo 2/9/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #