


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000005863	
1. Entity Name WATCH WORLD INTERNATIONAL, INC.	

Principal Place of Business 4000 LUXOTTICA PLACE MASON, OH 45040 US	Mailing Address 4000 LUXOTTICA PLACE ATTN: TAX DEPT MASON, OH 45040 US
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06012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3906052	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO BRADLEY, KERRY 4000 LUXOTTICA PLACE MASON, OH 45040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIACOBBI, VALERIO 4000 LUXOTTICA PLACE MASON, OH 45040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCO DENNIS, JACK S 4000 LUXOTTICA PLACE MASON, OH 45040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CURTIS, MILDRED 4000 LUXOTTICA PLACE MASON, OH 45040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIANNOLA, VITO 44 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000567002
06/12/06-80004-011 550.00

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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: _____	6-1-06 (513) 765-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #