2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H24425

Entity Name: DR. WATSON'S, INC.

FILED Apr 28, 2008 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business |
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9844 STRING FELLOW RD

ST JAMES CITY, FL 33956 US

New Mailing Address: Current Mailing Address:

9844 STRING FELLOW RD 2102 SE 2ND STREET CAPE CORAL, FL 33990 US

ST JAMES CITY, FL 33956 US

FEI Number: 59-2478106 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DURLING, MARK S DURLING, ELIZABETH N 2102 S.E. 2ND STREET 10151 W. HGIHWAY 316 CAPE CORAL, FL 33990 US REDDICK, FL 32686

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.

SIGNATURE: ELIZABETH N DURLING 04/28/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

BRYANTOWN, MD 20617

Title: () Delete Title: (X) Change () Addition DURLING, ELIZABETH N DURLING, ELIZABETH N Name: Name: 10151 WEST HIGHWAY 316 10151 WEST HIGHWAY 316 Address: Address:

City-St-Zip: REDDICK, FL 32686 City-St-Zip: REDDICK, FL 32686

Title: PD Title: VD (X) Change () Addition () Delete DURLING, MARK S Name: Name: DURLING, KEITH O 2102 SE 2ND STREET 3733 CARISSA LANE Address: Address: OLNEY, MD 20832 City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip:

Title: Title: () Delete SD () Change (X) Addition

COOK, SUZANNE D Name: Name: PO BOX 830 Address Address: City-St-Zip:

Title: () Delete Title: () Change (X) Addition DURLING, RICHARD F Name: Name: Address: Address: 6720 WINKLER ROAD City-St-Zip: City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ELIZABETH N DURLING PD 04/28/2008