## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 04, 2008 08:00 A **DOCUMENT # L47246 Secretary of State** 1. Entity Name WATTS ELECTRIC CORP. Principal Place of Business Mailing Address 1865 SE AIRPORT RD 1865 SE AIRPORT RD US STUART, FL 34996 STUART, FL 34996 01042008 No Cha-P CR2F034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0175959 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WORRELL, JOHN DO NOT WRITE 1865 SE AIRPORT RD STUART, FL 34996 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WORRELL, JOHN NAME 1865 SE AIRPORT RD. STREET ADDRESS CITY-ST-ZIP STUART, FL 34996 TITLE NAME U000000815265 STREET ADDRESS 02/14/08-80002-012 150.00 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-S1-ZIP

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:

TITLE NAME STREET ADDRESS

SIGNING OFFICER OR DIRECTOR