

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 08:00 AM**  
**Secretary of State**

|                                                                                  |                                                                                   |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L90510</b><br>1. Entity Name<br><b>INSTRUCTORS UNLIMITED, INC.</b> |  |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                     |                                                                                         |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>5079 N. DIXIE HWY, SUITE 205<br/>FORT LAUDERDALE, FL 33334 US</b> | Mailing Address<br><b>5079 N. DIXIE HWY, SUITE 205<br/>FORT LAUDERDALE, FL 33334 US</b> |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|



03242006 No Chg-P CR2E034 (11/05)

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|                                                                                                 |                               |
|-------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br><b>65-0212001</b>                                                              | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

|                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>WATTS, WILLIAM J.<br/>1547 NORTHEAST 39TH STREET<br/>OAKLAND PARK, FL 33334</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------|

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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**

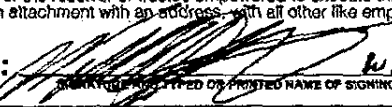
9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U00000482590  
04/11/06-80080-016 150.00

| 10. OFFICERS AND DIRECTORS                     |                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>WATTS, WILLIAM J.<br>1547 NE 39TH STREET<br>OAKLAND PARK, FL 33334 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>WATTS, AMY J<br>1547 NE 39TH STREET<br>OAKLAND PARK, FL 33334     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |

**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:  **William J. Watts**

**3-24-06** **954-568-4921**

Date Daytime Phone #