

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M86548

FILED  
Mar 05, 2007  
Secretary of State

Entity Name: INTERPROBE AFFILIATES, INC.

## Current Principal Place of Business:

1833 HENDRY ST.  
FT. MYERS, FL 33901

## New Principal Place of Business:

1619 WINKLER ROAD  
116  
FT. MYERS, FL 33919 US

## Current Mailing Address:

1833 HENDRY ST.  
FT. MYERS, FL 33901

## New Mailing Address:

1619 WINKLER ROAD  
116  
FT. MYERS, FL 33919 US

FEI Number: 65-0126171

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VLASAK, MARY F.  
1833 HENDRY ST.  
FT. MYERS, FL 33901 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: WATTS, DAVID B.,  
Address: 1833 HENDRY ST.  
City-St-Zip: FT. MYERS, FL

Title: ST ( ) Delete  
Name: WATTS, LINDA R,  
Address: 1833 HENDRY ST.  
City-St-Zip: FT. MYERS, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: WATTS, DAVID B.,  
Address: 1619 WINKLER ROAD, STE 116  
City-St-Zip: FT. MYERS, FL 33919 US

Title: ST (X) Change ( ) Addition  
Name: WATTS, LINDA R,  
Address: 1619 WINKLER ROAD, STE 116  
City-St-Zip: FT. MYERS, FL 33919 US

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: DAVID B. WATTS

DP

03/05/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date