2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006
Secretary of State

DOCUMENT# N05000009400

Entity Name: WATSON SBT CONSULTING GROUP INC.

Current Principal Place of Business:

2861 NW 15 ST
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

2857 NW 8TH CT
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 51-0556721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCBRIDE, JERROND
2861 NW 15 ST
1
FORT LAUDERDALE, FL 33311 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WATSON, SALLIE
Address: 2857 NW 8TH CT
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: V ( ) Delete
Name: TILLMAN, LENNY
Address: 2857 NW 8TH CT
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: S ( ) Delete
Name: SKEETE, S
Address: 6200 NW 15TH ST.
City-St-Zip: SUNRISE, FL 33313

Title: T ( ) Delete
Name: WASTON, DAVID J
Address: 2857 NW 8TH CT.
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLIE WATSON P 07/03/2006

Electronic Signature of Signing Officer or Director — Date