## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 13, 2006 8:00 am Secretary of State 04-13-2006 90287 002 \*\*\*\*61.25

DOCUMENT # N9700004226  1. Entity Name DIWATCH INTERNATIONAL FOUNDATION, INC.						04-13-2006	5 90287 002 *	·***61	.25
Principal Place of Business 1632 39TH STREET WEST PALM BEACH, FL 33407 US  Mailing Address 1632 39TH STREET WEST PALM BEACH, FL 33407 US WEST PALM BEACH, FL 33			FL 33407	US		60	028012		
0.0	Name of Divisionals	3. Mailing Address							
		3. Mailing Address					8(II 8.8III 88)IA 81818 IIB:		8  8   5
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01302006	Chg-NP	CR2E037 (1	1/05)	
City & State		City & State			4. FEI Number 52-15600	46	7300.	$\rightarrow$	plied For t Applicable
Zip	Country	Zip	Coun	itry	5. Certificate of	Status Desired	□ \$8.	75 Addi Required	itional
_	6Name and Address of Current	Registered Agent	<u> </u>	-	7. Name and Ad	dress of New	Registered Agen		
VASHIST.	PARMA N			Name					
VASHIST, PARMA N 1632 39TH STREET LAKE WORTH, FL 33460				Street Address	(P.O. Box Number is	s Not Acceptat	ole)		
į				City			FL <sup>2</sup>	Zip Code	)
8. The above	named entity submits this statement for	r the purpose of changing i	ts registered	d office or registe	ered agent, or both,	in the State of F		iar with, a	and accept
the obligat	tions of registered agent. <sup>(1)</sup>								
SIGNATURE	Signature, typed or printed name of registered agent	. 1.02 % . 2 . 1.					DATE		
	or printed name of registered agent	and the rappicable. (No	OTE: Registered /	Agent signature require	ed when reinstating)		DATE		ļ
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election C		nancing	\$5.00 May Be Added to Fees		Make check pay		
10.	Filing Fee is \$61.25	9. Election C Trust Fund	ampaign Fin	nancing	\$5.00 May Be	Flo	Make check pay orida Departmer	nt of St	ate
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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 617, 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:

417/06

561-304-1793