2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2008 08:00 AN **Secretary of State** DOCUMENT # P00000117446 **EDWIN WATTS HOLDING COMPANY** Principal Place of Business Mailing Address 20 HILL AVE. 1271 N EGLIN PKWY. FT. WALTON, FL 32549 P.O. BOX 942 SHALIMAR, FL 32579 04102008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3688453 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOULTON, WRIGHT DO NOT WRITE 25 W. CEDAR ST., STE. 400 PENSACOLA, FL 32501-5974 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS U000000899176 TITLE 04/28/08-80028-020 150.00 NAME WATTS, EDWIN STREET ADDRESS 20 HILL AVE FT. WALTON, FL 32549 CITY - ST- ZIP LITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREE1 ADDRESS DO NOT WRITE CITY - ST- ZIP IN THIS SPACE THE NAME STREET ADDRESS CUTY ST-ZIP TITLE NAME STREET ADDRESS

Thereby 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.

CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED