2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000032215

1. Entity Name
TECWATCH, INC.

Principal Place of Business	Mailing Address
232 N.E. 25 AVENUE POMPANO BEACH, FL 33062	PO BOX 50013 POMPANO BEACH, FL 33074

DO NOT WRITE IN THIS SPACE

01122005   No Chg-P   CR2E034 (10/03)

4. FEI Number 90-0028883	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STROK, THOMAS D
710 N.OCEAN BLVD.
#1009
POMPANO BEACH, FL 33062

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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

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	STROK, THOMAS
STREET ADDRESS	710 N.OCEAN BLVD. #1009
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Thomas Strok_ THOMAS STROK   1-25-05   954-427-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #