
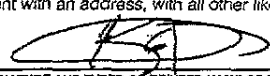


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000053270</b> 1. Entity Name GEORGES WATCH REPAIRS, INC.		
Principal Place of Business 5420 E MICHIGAN APT 1 ORLANDO, FL 32812	Mailing Address 5420 E MICHIGAN APT 1 ORLANDO, FL 32812	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent  DEMERJIAN, GEORGES 5420 E MICHIGAN APT 1 ORLANDO, FL 32812		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when (re)installing)</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee will be \$550.00</b> </div> <div style="width: 40%;">         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be          Added to Fees       </div> <div style="width: 30%; text-align: right;">         DATE _____       </div> </div>		
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DEMERJIAN, GEORGES 5420 E MICHIGAN APT 1 ORLANDO, FL 32812	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DEMERJIAN, PAUL 5420 E MICHIGAN ST APT 1 ORLANDO, FL 32812	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 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.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b>   <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;">         1-19-06  <small>Date</small> </div> <div style="width: 40%; text-align: right;">         407-222-6205  <small>Daytime Phone #</small> </div> </div>		



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2246535	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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01/27/06-80022-007 150.00