06-14-2005 90001 003 ***150.00 P04000089079

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000089079 1. Entity Name WATTS TRUCKING, INC.					05	FILE		
Principal Place of Business Mailing Address P.O. BOX 11345 SHADY HILLS, FL 34610 US SHADY HILLS, FL 34610 U			US	200	88098 SECTALL	ANATA ARAGUTA O MORO O O O O O O O O O O O O O O O O O	TENNOZ Manni	
2. Principal Place of Business 7806 MARYLAND AUG DOBOX 1/3 45 Suite, Apt. #, etc. 3. Mailing Address P.O.B.OX 1/3 45 Suite, Apt. #, etc.				06082005	Chg-P (CR2E034 (10/03)		
City & State HUNSON, 1-L. SPRING 1416				4. EEI Number 55-0	287 1073	No	pplied For ot Applicable	
3°46	6. Name and Address of Current Regi	34610	U.S. A.		of Status Desired [\$8.75 Add Fee Require		
WATTS, KENNETH W 7806 MARYLAND AVENUE HUDSON, FL 34674				Name Street Address (P.O. Box Number is Not Acceptable)				
8. The above	named entity submits this statement for the	purpose of changing its regi	City stered office or re-	gistered agent, or bo	th. in the State of Florida	FL Zip Cod		
the obligations of registered agent. SIGNATURE								
Signature: typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees	In accordance with corporation did not	s. 607.193(2)(b), receive the prior (F.S., the notice.	
10.	OFFICERS AND DIRE		11.		CHANGES TO OFFICE	RS AND DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WATTS, KENNETH W ROBERTISES 7806 Maryland Ave, SIRE CHARLESTE 24610 Hudgen, FL. 34674			PRESIDENT Dichange Malifion Watts Kenneth W. Ave. 17806 Maryland Ave. 14udson FL. 34674				
TITLE HAME STREET ADDRESS CITY-SI-ZIP		☐ Deteta	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
TITLE NAME STREET ADORESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ 51444	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS ETTY-ST-ZIP			Change	Addition	
12. I hereby certify that the information supplied with this filling does not qualify for the examption 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 it 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: Kempto M. Watts SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIOMED OFFICER OR DIRECTOR Date OF 727-967-0389 Date OF 727-967-0389								