2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State
06-04-2008 90001 018 ***158.75

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1. Entity Name
WATTS UP, INC

40107432

Principal Place of Business	Mailing Address
2547 FOREST HILL BLVD WEST PALM BEACH, FL 33406	2547 FOREST HILL BLVD WEST PALM BEACH, FL 33406

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02242008 Chg-P CR2E034 (12/06)

4. FEI Number 20-2760523 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WATTS, STEPHEN K 1953 SANDRA LANE WEST PALM BEACH, FL 33406	Name Street Address (P.O. Box Number is Not Acceptable) 117 Barcelona Drive City Royal Palm Beach FL Zip Code 33411

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] 3/1/08
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	WATTS, STEPHEN K		NAME		
STREET ADDRESS	1953 SANRDA LANE		STREET ADDRESS	117 Barcelona Drive	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP	Royal Palm Beach FL 33411	
TITLE	VPD	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	WATTS, JANE P		NAME		
STREET ADDRESS	1953		STREET ADDRESS	117 Barcelona Drive	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP	Royal Palm Beach FL 33411	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: [signature] 3/1/08 561 215 6243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #