
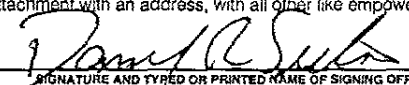


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000030272		
1. Entity Name WATTS UP CEILING & ELECTRIC, INC.		
Principal Place of Business 11466 COUNTRY SOUND COURT BOCA RATON, FL 33428		Mailing Address 11466 COUNTRY SOUND COURT BOCA RATON, FL 33428
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SEXTON, DANIEL R 11466 COUNTRY SOUND COURT BOCA RATON, FL 33428		
DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000108430 04/12/04 000000005 150.00
TITLE	D	DO NOT WRITE IN THIS SPACE
NAME	SEXTON, DANIEL R	
STREET ADDRESS	11466 COUNTRY SOUND COURT	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 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: 		4-8-04 361-445-0692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #