2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # P97000042238 04-17-2006 90340 004 ***150.00 1. Entity Name WATTS HOLDINGS INC. Principal Place of Business Mailing Address 8888 SALTCOATES CT 8888 SALTCOATES CT TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122006 Chq-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3459171 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WATTS, PAUL V Street Address (P.O. Box Number is Not Acceptable) 8888 SALTCOATES CT TALLAHASSEE, FL 32312 3 Zip Code 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, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ■ Addition TITLE ☐ Change NAME WATTS, PAUL V NAME STREET ADDRESS 8888 SALTCOATS COURT STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP TITLE GM Delete ☐ Change ☐ Addition HOWARD, JASON NAME NAME STREET ADDRESS 1415 TIMBERLANE ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP ASGM Delete TITLE TITLE Change ☐ Addition VERMEIRE, RYAN NAME NAME STREET ADDRESS 6753 THOMASVILLE ROAD, #116 STREET ADDRESS TALLAHASSEE, FL 32312 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE □ Delete TITLE ☐ Change 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 □ Delete TITLE ☐ Change ■ Addition NAME NAME

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.

STREET ADDRESS

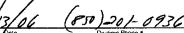
CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIG



FILED