

Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000090854

1. Entity Name

WATSON PROMOTIONS INC.

Principal Place of Business

14402 HORSESHOE TRACE
WELLINGTON FL 33414

Mailing Address

14402 HORSESHOE TRACE
WELLINGTON FL 33414

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Country

4. FEI Number

65-0869936

Applied For

Not Applicable

5. Certificate of Status Desired

1st MOORE

CR2E034 (10/05)

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, DOROTHY
14402 HORSESHOE TRACE
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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
Make Check Payable to Florida Department of State

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

NAME

STREET ADDRESS

CITY- ST- ZIP

OPD

WATSON, WILLIAM T

14402 HORSESHOE TRACE

WELLINGTON FL 33414-8227

11.1

U00000427220

02/20/06-80075-006 150.00

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

VDS

WATSON, DOROTHY

14402 HORSESHOE TRACE

WELLINGTON FL 33414-8227

11.2

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

11.3

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

11.4

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

11.5

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

11.6

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: William T. Watson

WILLIAM T WATSON

2/6/06

561-795-9792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #