2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

1. Entity Name DR. WATT, INC.

Zip

SIGNATURE

P98000095448

Country

City

Principal Place of Business
1113 WALLACE DRIVE
DELRAY REACH EL 33444

BAULDREE, AARON

1113 WALLACE DRIVE **DELRAY BEACH FL 33444**

the obligations of registered agent.

Mailing Address

1113 WALLACE DRIVE

DELRAY BEACH FL 33444

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4

Zip

Country

6. Name and Address of Current Registered Agent

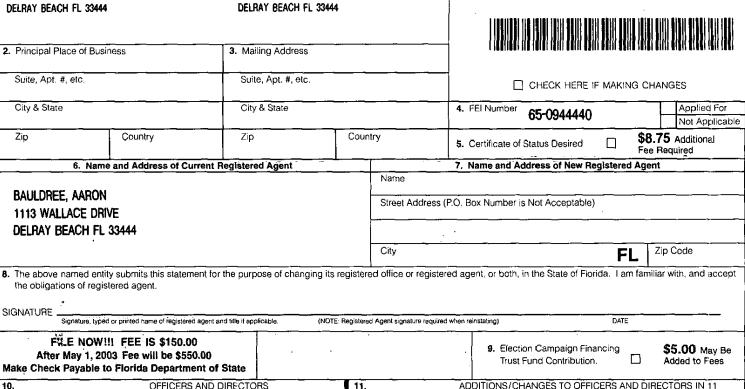
Signature, typed or printed name of registered agent and title if applicable.

FXLE NOW!!! FEE IS \$150.00

After May 1, 2003, Fee will be \$550.00

Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90515 043 ***150.00



Make Check	Payable to Florida Department of State			Trust Fund Contribution. Added to Fees
10.	OFFICERS AND DIRECTOR	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADORESS CITY-ST-ZIP	P BAULDREE, AARON 1113 WALLACE DRIVE DELRAY BEACH FL 33444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GODDARD, WINSTON J 1113 WALLACE DRIVE DELRAY BEACH FL 33444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAYSON, ANDREA 219 SW 3RD AVE. BOYNTON BEACH FL 33435	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUGGERI-ROSSANO, ADRIANA 951 DELRAY LAKES DR. DELRAY BEACH FL 33444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE: Q