2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

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FILED Mar 15, 2006 08:00 AM Secretary of State

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 Entity Name WATSON UPHOLSTERY, INC.



Principal Place of Business

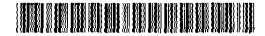
Mailing Address

41 N. CONGRESS AVE.

41 N CONGRESS AVE.

DELRAY BEACH, FL 33445 US

DELRAY BCH, FL 33444 US



03102006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0220011 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, DAVID E. JR. 9376 SUN POINTE DR. BOYNTON BEACH, FL 33437

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			}				
	named entity submits this statement for the pions of registered agent.	surpose of changing It	ts registered office	or registered agent	t, or both, in the State of Fic	orlda. I am familiar with, and ac	cept
SIGNATURE.					· · · · · · · · · · · · · · · · · · ·		_
	Signature, typed or printed name of registered agent and title i	if applicable. (NO	ITE Registered Agent sig	ynature required when reinst	reting)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Camp Trust Fund Car		\$5.00 May Added to Fee			
10.	OFFICERS AND DIREC	CTORS					
TITLE	P						
NAME	WATSON, DAVID E. JR		l l				
STREET ADDRESS	3876 NW 9TH ST		j j				

CITY-ST-ZIP DELRAY BEACH, FL TITLE NAME WATSON, DAVID E SR STREET ADDRESS 4708 FRANWOOD DR. DELRAY BEACH, FL 334453265 CITY-ST-ZIP TITLE WILLIS, LYNN NAME STREET ADDRESS 4594 133RD ROAD S. CATY-ST-ZIP DELRAY BEACH, FL 334451226 MAME STREET ADDRESS CITY-ST-ZIP TITLE

000000468187 03/24/06-80021-004 150.00

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12. I hereby certify that the information supplied with this filling 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 it 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

MING OFFICER OR DIRECTOR

03/10/06 561-274-0920 Dayline Phone h