



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2006 08:00 AM
Secretary of State

DOCUMENT # 714449 1. Entity Name INTERNATIONAL TOWERS ASSOCIATION, INC.	
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Principal Place of Business 1400 S W 27TH AVENUE #707 MIAMI, FL 33145	Mailing Address 1400 S W 27TH AVENUE #707 MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE



07072006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1236029	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NUNEZ, FAUSTINO
 1400 SW 27 AVE
 #101
 MIAMI, FL 33145

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee Is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

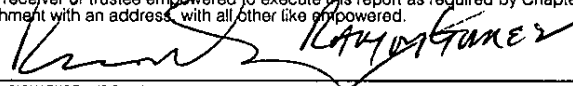
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OSVALDO, CRESDO 1400 SW 27TH AVE #303 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GOMEZ, RAMON 1400 SW 27 AVE #102 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARSHON, MARGARITA 1400 S 27 AVE #06 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/18/06-80017-008 61.25

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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 617, 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:  4/27/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____