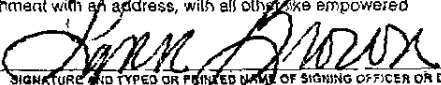


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000005094			
1. Entity Name MIDWEST COMMUNICATION TOWERS, INC.			
Principal Place of Business 6325 W. PONDEROSA PL. BEVERLY HILLS, FL 34465		Mailing Address 6325 PONDEROSA BEVERLY HILLS, FL 34465	
DO NOT WRITE IN THIS SPACE			
		02202006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 73-1463432	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, LYNN 6325 W. PONDEROSA PLACE BEVERLY HILLS, FL 34465		DO NOT WRITE IN THIS SPACE	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		1100000452170 03/11/06-80016-004 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD BROWN, RAY 6325 W. PONDEROSA PLACE BEVERLY HILLS, FL 34465		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BROWN, LYNN 6325 W. PONDEROSA PLACE BEVERLY HILLS, FL 34465		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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			
SIGNATURE: 		2/26/06 352-527-8955	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	