

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702849

FILED
Apr 27, 2008
Secretary of State

Entity Name: OCEAN TOWERS, INC.

Current Principal Place of Business:

158 OCEAN DR.
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

C/O BLUE LEAF MANAGEMENT
P.O BOX 190329
MIAMI BEACH, FL 33119 US

New Mailing Address:

FEI Number: 59-0995136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUE LEAF MANAGEMENT
601 COLLINS AVENUE
SUITE G-J
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

BLUE LEAF MANAGEMENT
601 COLLINS AVENUE
SUITE A
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: DOMINIQUE BAILLEUL

04/27/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FERDUN, EDRIE
Address: P.O.BOX 800042
City-St-Zip: AVENTURA, FL 33280

Title: VPD () Delete
Name: BEVILACQUA, PAT
Address: 8100 SCHOTT ROAD
City-St-Zip: WESTERVILLE, OH 43081

Title: TD () Delete
Name: TOLEDO, ANA M
Address: 9901 SW 5 ST CR.
City-St-Zip: MIAMI, FL 33174

Title: PD () Delete
Name: MANNING, JIM
Address: PO BOX 8070153
City-St-Zip: PROSPECT, NY 13435

Title: SD () Delete
Name: MURTAUGH, KATHLEEN A
Address: 158 OCEAN DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: GASPARE, RUFFOLO
Address: 158 OCEAN DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM MANNING

PD

04/27/2008

Electronic Signature of Signing Officer or Director

Date