


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90019 047 \*\*\*\*61.25

<b>DOCUMENT # 725954</b>	
1. Entity Name <b>PARK TOWERS, INC.</b>	

Principal Place of Business <b>208 S LAKESIDE DR LAKE WORTH FL 33460 US</b>	Mailing Address <b>208 S. LAKESIDE DRIVE LAKE WORTH FL 33460 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-1513016</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>ALLEN, BO 208 S LAKESIDE DR, # 513 LAKE WORTH FL 33460</b>	
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7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SLATER, DELLE 208 S. LAKESIDE #302 LAKE WORTH FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLEN, ERIN 208 LAKESIDE #513 LAKE WORTH FL 33460 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JAMES B. RUKIN S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>208 LAKESIDE #403</b> <b>LAKE WORTH, FL, 33460</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COSTANZA, ANTHONY 208 S LAKESIDE LAKE WORTH FL 33460 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EDMUND P BENSON D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>208 LAKESIDE #201</b> <b>LAKE WORTH FL, 33460</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, BO 208 S. LAKESIDE #513 LAKE WORTH FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEEN, KATHY 208 S LAKESIDE DR, # 203 LAKE WORTH FL 33460 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAMTA KHANNA D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>208 LAKESIDE #103</b> <b>LAKE WORTH, FL 33460</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James B. Rukin S 3-11-07 561-723-4882