2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 29, 2007 8:00 am DOCUMENT # M43719 **Secretary of State** 01-29-2007 90070 006 ***150.00 TOWERS B-801, INC. Principal Place of Business Mailing Address 417 E. SHERIDAN ST. 417 E. SHERIDAN ST. #129 #129 DANIA BEACH, FL 33004-4603 US DANIA BEACH, FL 33004-4603 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 01052007 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 59-2818485 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEL VALLE, MILLY Street Address (P.O. Box Number is Not Acceptable) C/O SAGE SOLUTIONS, INC. 417 E. SHERIDAN STREET, #129 DANIA BEACH, FL 33004 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VTS TITLE ☐ Delete TITLE PVTS ☐ Change Addition MILLY DELVALLE 417 ESHERIDAN STREET #129 DANIA BEACH FL 330044603 NAME DEL VALLE, MILLY NAME STREET ADDRESS 417 E. SHERIDAN STREET, #129 STREET ADDRESS CITY-ST-ZIP **DANIA BEACH, FL 330044603** CITY-ST-ZIP P TITLE Delete ☐ Addition FERGUS DAVIDSON SR. 417 E. SHERI DAN STREET#129 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DANIA BEACH, FL 330044603 CRTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP πŒ ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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 it changed, or on an attachment with an address, with all other like empowered.

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