

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90040 043 ***550.00



DOCUMENT # M88663	
1. Entity Name BLUE WATER TOWERS & TOPS, INC.	
Principal Place of Business % C T CORPORATION SYSTEM 1240 WEST INDUSTRIAL AVENUE #6, 7 & 8 BOYNTON BEACH, FL 33426 US	Mailing Address % C T CORPORATION SYSTEM 1240 WEST INDUSTRIAL AVENUE 6, 7 & 8 BOYNTON BEACH, FL 33426 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



07182007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0059874	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RAY, JEFF 126 NE 93 ST. MIAMI, FL 33138	7. Name and Address of New Registered Agent Name <u>Scott McCracken</u> Street Address (P.O. Box Number is Not Acceptable) <u>4647 Bucida Rd.</u> City <u>Boynton Bch</u> FL Zip Code <u>33436</u>
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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: *Scott McCracken* President DATE: 7/18/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, JEFF		NAME		
STREET ADDRESS	126 NE 93 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE, LARRY		NAME		
STREET ADDRESS	5914 TERRAGON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRACKEN, SCOTT		NAME	<u>McCracken Scott</u>	
STREET ADDRESS	1221 ISLES CT.		STREET ADDRESS	<u>4647 Bucida Rd.</u>	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	<u>Boynton Beach, FL 33436</u>	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTH, SCOTT		NAME		
STREET ADDRESS	7610 CLARKE ROAD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Scott McCracken* Scott McCracken DATE: 7-18-07