2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

/emaide SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

FILED May 01, 2006 8:00 am Secretary of State DOCUMENT #'M91641 1. Entity Name 05-01-2006 90756 001 ***150.00 TOWER ELECTRIC CORP. 05-01-2006 90756 002 *****8.75 Principal Place of Business Mailing Address 6846 HIGH RIDGE 6846 HIGH RIDGE LANTANA FL 33462 US LANTANA FL 33462 2. Principal Place of Business 3. Mailing Address 25-16 HILL ROLL BO LANGER 6846 HIGH RIVER KO Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 474111411 City & State Applied For 4. FEI Number 65-0067825 LIMMANA HA ITHIA Not Applicable 33462 \$8.75 Additional WEST BEAT BEATH 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHAPEL, LEONARDO Street Address (P.O. Box Number is Not Acceptable) 6846 HIGH RIDGE RD APT. A. LANTANA FL 33462 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 / \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete FITLE TITLE ☐ Change ☐ Addition NAME CHAPEL, LEONARDO NAME STREET ADDRESS 6846 HIGH RIDGE ROAD STREET ADDRESS CITY-ST-ZIP LANTANA, FL 33462 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME CHAPEL, DIGNA NAME STREET ADDRESS 6846 HIGH RIDGE ROAD STREET ADDRESS CITY-ST-ZIP LANTA, FL 33462 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME CHAPEL, JOEL STREET ADDRESS STREET ADDRESS 6102 WEST FOLD CITY-ST-ZIP LAKE WORTH, FL 33462 CITY-SI-7IP ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE THEF Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 of 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.

ING OFFICER OR DIRECTOR

561-588-7107