

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90197 044 ***150.00

DOCUMENT # P00557 1. Entity Name LOWTIDE CORPORATION N.V.			
Principal Place of Business 7 ABRAHAM DE VEERSTRAAT P.O. BOX 840 CURACAO, NETHERLAND ANTILLES, FL 33146		Mailing Address 7 ABRAHAM DE VEERSTRAAT P.O. BOX 840 US CURACAO, NETHERLAND ANTILLES, FL 33146	
2. Principal Place of Business 7 Abraham de Veerstraat Suite, Apt. #, etc.		3. Mailing Address P.O.Box 840 Suite, Apt. #, etc.	
City & State Willemstad, CURACAO		City & State US	
Zip N/A		Country Netherlands Antilles	
4. FEI Number 59-1710036		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., STE. 125 CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD FIRST INDEPENDENT TRUST PO BOX 840 CURACAO, NETHERLANDS ANTILLES, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FIRST INDEPENDENT TRUST (CURACAO) N.V. 7-ABRAHAM DE VEERSTRAAT, P.O. BOX 840 CURACAO, NETHERLANDS ANTILLES
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
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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 an officer like empowered.			
SIGNATURE:		FIRST INDEPENDENT TRUST (CURACAO) N.V. As: Managing Director By: H.C. d'Abreu de Paulo MBA	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date February 6, 2006 Tel: +599-9-461-8709	