
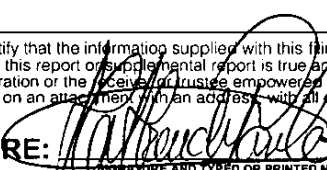


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90087 029 ***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 P O BOX 840 NETHERLANDS ANTILLES, US	
2. Principal Place of Business - No P.O. Box # 7 Abraham de Veerstraat		3. Mailing Address P.O. Box 840	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Willemstad, CURACAO		City & State Willemstad, CURACAO	
Zip Country Netherlands Antilles		Zip 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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 <input type="checkbox"/> Delete 7 ABRAHAM DE VEERSTRAAT, PO BOX 840 CURACAO, NETHERLANDS ANTILLES,	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
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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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 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 empowerers.			
SIGNATURE: 		As: Managing Director By: H.C. d'Abreu de Paulo MBA	
Date		January 18, 2007	
Daytime Phone #		Tel: +599-9-461-3709	

40019630



01182007 Chg-P CR2E034 (12/06)