

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00557

**FILED**  
**Jan 28, 2009**  
**Secretary of State**

**Entity Name:** LOWTIDE CORPORATION N.V.

**Current Principal Place of Business:**

7 ABRAHAM DE VEERSTRAAT  
WILLEMSTAD, CURACAO,

**New Principal Place of Business:**

7 ABRAHAM DE VEERSTRAAT  
N/A  
WILLEMSTAD, CURACAO, 0 N.A. 0

**Current Mailing Address:**

P.O. BOX 840  
WILLEMSTAD, CURACAO, US

**New Mailing Address:**

P.O. BOX 840  
WILLEMSTAD, CURACAO, N.A., - N/A -

FEI Number: 59-1710036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE., STE. 125  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: MD ( ) Delete  
Name: FIRST INDEPENDENT TRUST(CURACAO)N.V.  
Address: 7 ABRAHAM DE VEERSTRAAT, PO BOX 840  
City-St-Zip: CURACAO, NETHERLND S ANTILLES,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN R. GEERMAN

MD

01/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date