

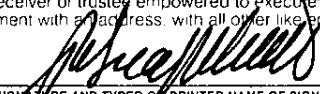


FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000081361		Feb 18, 2008 09:00		Secretary of State	
1. Entity Name TOWER HILL DEVELOPMENT CORP.					
Principal Place of Business 537 LIVE OAK LANE WESTON, FL 33327		Mailing Address 537 LIVE OAK LANE WESTON, FL 33327			
DO NOT WRITE IN THIS SPACE					
				02142008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-1134720		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				DO NOT WRITE IN THIS SPACE	
FIANO, LILIANA 537 LIVE OAK LN WESTON, FL 33327					
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, 2008 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		11000000320391 02/26/08-80092-008 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DCP FIANO, PASQUALE 537 LIVE OAK LN WESTON, FL 33327			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D FIANO, M. LORETA 537 LIVE OAK LN WESTON, FL 33327			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VS FIANO, LILIANA 537 LIVE OAK LN WESTON, FL 33327			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS 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: 		02/14/2008			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Time Phone			