2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000081361

Entity Name: TOWER HILL DEVELOPMENT CORP.

FILED Feb 26, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

537 LIVE OAK LANE 12760 VISTA ISLES DRIVE WESTON, FL 33327

#721

PLANTATION, FL 33325

Current Mailing Address: New Mailing Address:

P.O.BOX 266197 537 LIVE OAK LANE WESTON, FL 33327 WESTON, FL 33327

FEI Number: 65-1134720 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FIANO, LILIANA REBOREDO, REBECA R 537 LIVE OAK LN 12760 VISTA ISLES DRIVE WESTON, FL 33327 US PLANTATION, FL 33325 US

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: REBECA REBOREDO 02/26/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCP () Delete Title: (X) Change () Addition FIANO, PASQUALE FIANO, PASQUALE Name: Name: 537 LIVE OAK LN 12760 VISTA ISLES DRIVE Address: Address: City-St-Zip: WESTON, FL 33327 City-St-Zip: PLANTATION, FL 33325

Title: Title: (X) Change () Addition () Delete Name: FIANO, M. LORETA Name: FIANO, M. LORETA

537 LIVE OAK LN 12760 VISTA ISLES DRIVE Address: Address: WESTON, FL 33327 PLANTATION, FL 33325 City-St-Zip: City-St-Zip:

Title: Title: VS (X) Delete () Change () Addition

FIANO, LILIANA Name: Name: 537 LIVE OAK LN Address: Address: City-St-Zip: WESTON, FL 33327 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: PASQUALE FIANO DCP 02/26/2009