2007 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

FILED Jun 26, 2007 08:00 AN Secretary of State DOCUMENT # P03000069363 1. Entity Name TOWERS USA, CORP. Principal Place of Business Mailing Address 2888 TENNIS CLUB DRIVE 2888 TENNIS CLUB DRIVE SUITE 104 **SUITE 104** WEST PALM BEACH, FL 33417 WEST PALM BEACH, FL 33417 06192007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0490313 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent TORRES, ARMANDO DO NOT WRITE 2888 TENNIS CLUB DRIVE **SUITE 104** IN THIS SPACE WEST PALM BEACH, FL 33417 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. IJ<u>ეეეეე</u>0766616 /26/07-80002-015 150.00Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 14, 2007 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS TITLE TORRES, ARMANDO NAME STREET ADDRESS 2888 TENNIS CLUB DRIVE #104 WEST PALM BEACH, FL 33417 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 and owered 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.

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR