


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90081 029 ***150.00

DOCUMENT # P96000049715	
1. Entity Name TOWDEN, INC.	

Principal Place of Business 21316 ST. ANDREWS BLVD. #160 BOCA RATON, FL 33433 US	Mailing Address 21316 ST. ANDREWS BLVD #160 BOCA RATON, FL 33433 US
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20063044



07052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0683190	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DENOWITZ, RONNIE 6163 GOLF VISTA WY BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENOWITZ, RONNIE 6163 GOLF VISTA WY BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DENOWITZ, DAVID 6163 GOLF VISTA WY BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR V.P. ALARI, JOHN 5800 Town Bay DR 2811 NORTH OAKLAND FOREST DR #207 Boca Raton OAKLAND PARK, FL 33309-76 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or other, like empowered.

SIGNATURE:  **DAVID DENOWITZ** 7/10/05 561-393-1473
Signature and typed or printed name of signing officer or director Date Daytime Phone #