2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 161484

Name: Address:

City-St-Zip:

3634 78TH ST SOUTH

TAMPA, FL 33619

FILED Jan 06, 2009 Secretary of State

Entity Name: TOWER DAIRY, INC. **Current Principal Place of Business: New Principal Place of Business:** 1109 HUMMINGBIRD LANE BRANDON, FL 33511 **Current Mailing Address: New Mailing Address:** 1109 HUMMINGBIRD LANE BRANDON, FL 33511 FEI Number: 59-0631588 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: BUSCIGLIO, NORMAN BUSCIGLIO, NORMAN 1109 HUMMINGBIRD LANE 1169 HUMMINGBIRD LANE BRANDON, FL 33511 BRANDON, FL 33511 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: NORMAN BUSCIGLIO 01/06/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BUSCIGLIO, JOHN A Name: Name: 2603 TRAPNELL RD EAST Address: Address: City-St-Zip: PLANT CITY, FL 33566 City-St-Zip: () Delete Title: Title: () Change () Addition Name: BUSCIGLIO, NORMAN Name: 1109 HUMMINGBIRD LANE Address: Address: BRANDON, FL 33511 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition ROMANO, JOSPEH R Name: Name: 2612 SHILO COURT Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: () Delete Title: () Change () Addition ROMANO, EDWIN F

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.

Name:

Address:

City-St-Zip:

SIGNATURE: NORMAN BUSCIGLIO STD 01/06/2009