


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # 340223 1. Entity Name REDINGTON TOWERS, INC.	
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Principal Place of Business 201 E KENNEDY BLVD, SUITE 420 TAMPA, FL 33602 US	Mailing Address 201 E KENNEDY BLVD, SUITE 420 TAMPA, FL 33602 US
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1265918	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 MCCRORY, RICHARD J 540-4TH ST NORTH ST PETERSBURG, FL 33701	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

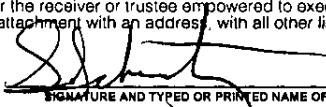
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHWARTZ, SANDRA 2706 LITTLE ROAD VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GOLDBERG, CHARLES 7 DEEPDALE DR GREAT NECK, NY 11021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Susan Savoie 306 Thayer Pond Road Wilton, Connecticut 06897
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/26/08-80023-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

2/11/08 813 223 2511
Date Daytime Phone #