


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90030 006 ***150.00

DOCUMENT # 837751					
1. Entity Name TOWER FASTENERS CO., INC.					
Principal Place of Business 1690 OCEAN AVENUE HOLTSVILLE, NY 11742			Mailing Address 1690 OCEAN AVENUE HOLTSVILLE, NY 11742		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 11-2143620	
				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			7. Name and Address of New Registered Agent		
UNITED STATES CORPORATION COMPANY 1201 HAYES ST. TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOSCHOURIS, JEAN		NAME		
STREET ADDRESS	8 PIMLICO DR		STREET ADDRESS		
CITY-ST-ZIP	COMMACK, NY 11725		CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHANNON, BRYAN		NAME		
STREET ADDRESS	1690 N OCEAN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HOLTSVILLE, NY 11742		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEVA, JOSEPH		NAME		
STREET ADDRESS	28 CLAYTON DR		STREET ADDRESS		
CITY-ST-ZIP	DIX HILLS, NY 11746		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHANNON, MARK		NAME		
STREET ADDRESS	21 CAROLYN COURT		STREET ADDRESS		
CITY-ST-ZIP	SAYVILLE, NY 11782		CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GIACINTO, JOSEPH		NAME	CFO JOSE WOLINSKY, JOSE	
STREET ADDRESS	82 ATLANTIC AVENUE		STREET ADDRESS	6 WOODBURN DR	
CITY-ST-ZIP	GARDEN CITY PARK, NY 11040		CITY-ST-ZIP	DIX HILLS, NY 11746	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____		JOSE WOLINSKY		1/3/06	
SIGNATURE (IN TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		Date		Daytime Phone #	
				631-312-9079	