


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90014 049 ***158.75

DOCUMENT # F06000006314	
1. Entity Name TOWER CLOUD, INC.	

Principal Place of Business 100 SECOND AVE SOUTH SUITE 500 ST PETERSBURG, FL 33701	Mailing Address 100 SECOND AVE SOUTH SUITE 500 ST PETERSBURG, FL 33701
--	--

40055902

2. Principal Place of Business - No P.O. Box # 9501 International Ct. N.	3. Mailing Address 9501 International Ct. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04092007 Chg-P CR2E034 (12/06)

City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33716	Country USA
Country USA	Zip 33716

4. FEI Number 20-4804846	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	CP MURPHY, RONALD J 100 SECOND AVE SOUTH SUITE 500 ST PETERSBURG, FL 33701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/C MUDRY, Ronald J 9501 International Ct. N. St. Petersburg, FL 33716 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOHERTY, SEAN P 444 HIGH STREET SUITE 400 PALO ALTO, CA 94301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Irwin, Scott 2440 Sand Hill Road, Suite 200 Menlo Park, CA 94025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOCKWELL, JOSEPH M 444 HIGH STREET SUITE 400 PALO ALTO, CA 94301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Coxe, Tench 755 Page Mill Road, Suite A-200 Palo Alto, CA 94034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUDA, MELISSA 100 SECOND AVE SOUTH SUITE 500 ST PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S Buda, Melissa 9501 International Ct. N. St. Petersburg, FL 33716 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAFFIR, RICHARD A 444 HIGH STREET SUITE 400 PALO ALTO, CA 94301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Grain, David 331 South Pineapple Ave. Sarasota, FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRISON, PATRICIA 100 SECOND AVE SOUTH SUITE 500 ST PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T Morrison, Patricia 9501 International Ct. N. St. Petersburg, FL 33716 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Melissa Buda 4-9-07 (727) 471-5620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #