2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K53526

TOWER INVESTMENT GROUP, INC.



FILED Apr 24, 2007 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

10124 FOXHURST COURT ORLANDO, FL 32836 US

10124 FOXHURST COURT ORLANDO, FL 32836



DO NOT WRITE IN THIS SPACE

02092007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2924229

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN DYKE, STEVEN A 10124 FOXHURST COURT ORLANDO, FL 32836

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plants of registered agent.	purpose of changing its registere	ed office or r	egistered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	il applicable (NOTE: Registered	i Agent signature	required when reinstating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE Name Street address City-St-Zip	PSD VAN DYKE, STEVEN 10124 FOXHURST COURT ORLANDO, FL 32836			No.	U00000728537 05/08/07-80001-001 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MAYSE, SHELLY 10124 FOXHURST COURT ORLANDO, FL 32836				03/00/0/ 00001 001 130,13

TITLE NAME STOUT, JOHN D 885 THIRD AVENUE, 34TH FLOOR STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10022 TITLE TEITELBAUM, DOUGLAS P 885 THIRD AVE 34TH FL STREET ADDRESS NEW YORK, NY 10022 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 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.

SI	C)	J A	TI	ID	┏.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

243712211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #