2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000098928

Entity Name: TOWER CARDS AND GIFTS, INC.

JACKSONVILLE BEACH, FL 32240

City-St-Zip:

FILED Mar 10, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
50 NORTH	H LAURA STR	EET			
SUITE 175					
JACKSON	IVILLE, FL 322	202			
Current N	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
	FICE BOX 508 IVILLE BEACH				
FEI Number	: 33-1021453	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent	: Name and Address of	Name and Address of New Registered Agent:	
	JAMES G 'OOD ROAD IVILLE BEACH	I, FL 32250 US			
	named entity e of Florida.	submits this statement for t	he purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	nic Signature of Registered	Agent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	D () Delete	Title:	() Change () Addition	
Name:	SUTTON, KATH	HERINE F	Name:		
Address:	POST OFFICE		Address:		
City-St-Zip:	JACKSONVILL	E BEACH, FL 32240	City-St-Zip:		
Title:	D () Delete	Title:	() Change () Addition	
Name:	SUTTON, JAME	,	Name:	- , ,	
Address:	POST OFFICE	BOX 50832	Address:		

City-St-Zip:

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.

SIGNATURE: KATHERINE F. SUTTON D 03/10/2009