

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000039267

FILED
Mar 17, 2009
Secretary of State

Entity Name: DOUBLE TOWER GROUP INC

Current Principal Place of Business:

6358 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884

New Principal Place of Business:

1920 VERANO DR
202
HAINES CITY, FL 33844

Current Mailing Address:

6358 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884

New Mailing Address:

1920 VERANO DR
202
HAINES CITY, FL 33844

FEI Number: 20-4562566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COQUIS, MARIO
6358 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COQUIS, MARIO
Address: 355 CLOVERDALE RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP () Delete
Name: COQUIS, DAFNE
Address: 355 CLOVERDALE RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: S () Delete
Name: VANSLUYTMAN, GRACEMARIE
Address: 355 CLOVERDALE RD
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COQUIS, MARIO
Address: 8722 JAMESTOWN DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP (X) Change () Addition
Name: COQUIS, DAFNE
Address: 8722 JAMESTOWN DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: S (X) Change () Addition
Name: VANSLUYTMAN, GRACEMARIE
Address: 8722 JAMESTOWN DR
City-St-Zip: WINTER HAVEN, FL 33884

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: MARIO COQUIS

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date