

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Aug 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000067910		
1. Entity Name TANTAMOUNT TOWERS CORPORATION FLORIDA		
Principal Place of Business 700 RT 130 N 204 CINNAMINSON, NJ 08077 US		Mailing Address 700 RT 130 N 204 CINNAMINSON, NJ 08077 US
DO NOT WRITE IN THIS SPACE		
		08042005 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0500679
		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 LAMPERT, MICHAEL A ESQ. 1655 PALM BEACH LAKES BLVD. SUITE 900 WEST PALM BEACH, FL 33401-2225		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	STEVENS, LEONARD	
STREET ADDRESS	23 CANDLEWOOD TERRACE	
CITY-ST-ZIP	MEDFORD, NJ 08055	
TITLE	VP	
NAME	LAMPERT, ARNOLD	
STREET ADDRESS	2900 LEBATEAU DR	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.		
SIGNATURE: 		8/5/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #