2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 25, 2007 08:00 AN DOCUMENT # P96000000769 **Secretary of State** TOWER MARKETING & ADVERTISING, INC. Principal Place of Business Mailing Address **6769 KRAMER LANE 6769 KRAMER LANE** LAKE WORTH, FL 33461 LAKE WORTH, FL 33461 US 01212007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0641247 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent VOGEL, HERBERT DO NOT WRITE **6769 KRAMER LANE** LAKE WORTH, FL 33467 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CATE 9. Election Campaign Financing \$5.00 May Be U00000603928 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 01/29/07-80028-017 150.00 OFFICERS AND DIRECTORS 10. TITLE GOLDSTEIN, LAURA STREET ADDRESS 45 EAST END AVENUE CITY-ST-7P NEW YORK, NY 10028 BILE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CTTY-ST-ZIP IN THIS SPACE NAME

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 in changed, or on an attaction of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the recei

STREET ADDRESS CITY-ST-ZIP

NAKE STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZP

S NAME OF SIGNING OFFICER OR DIRECTOR