


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000056707						
1. Entity Name TOWER INNOVATIONS, INC.						
Principal Place of Business 107 DUNBAR AVE. OLDSMAR, FL 34677		Mailing Address PO BOX 249 OLDSMAR, FL 34677-0249				
DO NOT WRITE IN THIS SPACE						
<div style="text-align: right;">03092006 No Chg-P CR2E034 (11/05)</div> <table border="1" style="width: 100%;"><tr><td>4. FEI Number 59-3583904</td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>			4. FEI Number 59-3583904	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent FELDMAN, DONNA 2650 MCCORMICK DRIVE SUITE 100 CLEARWATER, FL 33759		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 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MCINTYRE, BRUCE R 111 TIMBER CIRCLE SAFETY HARBOR, FL 34695					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCINTYRE, ROBERT B 111 TIMBER CIRCLE SAFETY HARBOR, FL 34695					
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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.						
SIGNATURE: <u><i>R. McIntyre</i></u> President		4-3-06 927-439-3483				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>				