


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90108 004 ***150.00

DOCUMENT # P04000087906	
1. Entity Name ALTER BRIDGE TOURING, INC.	

Principal Place of Business 2813 S. HIAWASSEE RD. 304 ORLANDO FL 32835 US	Mailing Address 2813 S. HIAWASSEE RD. 304 ORLANDO FL 32835 US
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2. Principal Place of Business Suite, Apt. #, etc. Suite 201 City & State ORLANDO FL Zip 32835		3. Mailing Address Suite, Apt. #, etc. Suite 201 City & State ORLANDO FL Zip 32835	
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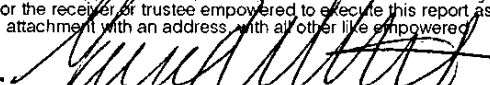
1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent WHITFIELD, KIMBERLY F 8617 ST. MARINO BLVD. ORLANDO FL 32836		7. Name and Address of New Registered Agent Name GARRY WHITFIELD, CPA Street Address (P.O. Box Number is Not Acceptable) 2813 S. HIAWASSEE RD., STE 201 City ORLANDO FL Zip 32835	
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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.		DATE 4/28/05	
SIGNATURE 		(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TREMONTI, MARK 2813 S. HIAWASSEE RD., STE. 304 ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PHILLIPS, THOMAS S 2813 S. HIAWASSEE RD., STE. 304 ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARSHALL, BRIAN 2813 S. HIAWASSEE RD. ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENNEDY, MYLES 2813 S. HIAWASSEE RD., STE. 304 ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.		DATE 4/28/05	
SIGNATURE: 		Daytime Phone # 408-395-9515	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			