

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000088358

**FILED**  
**May 01, 2007**  
**Secretary of State****Entity Name:** SUMMIT TOUR & TRAVEL, INC.**Current Principal Place of Business:**1900 W. COLONIAL DR.  
ORLANDO, FL 32804**New Principal Place of Business:****Current Mailing Address:**1900 W. COLONIAL DR.  
ORLANDO, FL 32804**New Mailing Address:****FEI Number:** 59-3598835**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PRETZER, KIM D  
9179 BATON ROUGE DR.  
ORLANDO, FL 32818 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**OFFICERS AND DIRECTORS:****Title:** PRES ( ) Delete  
**Name:** PRETZER, KIM D  
**Address:** 9179 BATON ROUGE DR.  
**City-St-Zip:** ORLANDO, FL 32818**Title:** VP (X) Delete  
**Name:** DAVIS, DOUGLAS J  
**Address:** 400 SHELBY COUT  
**City-St-Zip:** APOPKA, FL 32712**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: KIM D. PRETZER

PRES

05/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date