2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90856 037 ***150.00

DOCUMENT # P02000038916

1. Entity Name
PROGRESS TOURS, INC.

Principal Place of Business	Mailing Address
7400 INTERNATIONAL DRIVE SUITE 1105 ORLANDO, FL 32819 NEW ↓	7400 INTERNATIONAL DRIVE SUITE 1105 ORLANDO, FL 32819 New ↓

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5728 MAJOR BLVD	5728 MAJOR BLVD
Suite, Apt. #, etc. 309	Suite, Apt. #, etc. 309
City & State Orlando - FL	City & State Orlando - FL
Zip 32836 Country USA	Zip 32836 Country USA

4000000

03272007 Chg-P CR2E034 (12/06)

4. FEI Number 02-0518222 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SOUSA, MARIA CAROLINA
10218 NEWINGTON DRIVE
ORLANDO, FL 32836

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	SOUSA, MARIA CAROLINA	
STREET ADDRESS	10218 NEWINGTON DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE	VP	☐ Delete
NAME	ALEXANDER SOUSA	
STREET ADDRESS	10218 Newington Dr.	
CITY-ST-ZIP	Orlando - FL 32836	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: ______________________ 4/19/07 407-248-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #