2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000012409

Entity Name: ADLIB LUXURY TOURS & TRANSPORTATION, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

421 W SILVERTHORN LN
PONTE VEDRA, FL 32081

421 W SILVERTHORN LN
PONTE VEDRA, FL 32081 US

Current Mailing Address: New Mailing Address:

421 W SILVERTHORN LN
PONTE VEDRA, FL 32081

421 W SILVERTHORN LN
PONTE VEDRA, FL 32081 US

FEI Number: 04-3840079 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SASS, GARY SASS, GARY F 421 W SILVERTHORN LN PONTE VEDRA, FL 32081 US PONTE VEDRA, FL 32081 US

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: GARY F. SASS 04/28/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition

Name: SASS, GARY Name: SASS, GARY F

Address: 421 W SILVERTHORN LN
City-St-Zip: PONTE VEDRA, FL 32081

Address: 421 W SILVERTHORN LN
City-St-Zip: PONTE VEDRA, FL 32081

City-St-Zip: PONTE VEDRA, FL 32081

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: GARY F. SASS MR. 04/28/2009