

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000003922

**Entity Name:** MUSEUM TOUR, INC.

**Current Principal Place of Business:**

18101 SW BOONES FERRY ROND  
SUITE 200  
PORTLAND, OR 97224

**Current Mailing Address:**

2505 ANTHEM VILLAGE DR, STE. E-1  
LAS VEGAS, NV 89052 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	CPST	Title	VP
Name	FOSSLER, STEPHEN	Name	WOYTCKE, LINDA
Address	2505 ANTHEM VILLAGE DR, STE. E-1	Address	18101 SW BOONES FERRY ROND
City-State-Zip:	LAS VEGAS NV 89052	City-State-Zip:	PORTLAND OR 97224

*I hereby 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 all other like empowered.*

**SIGNATURE: STEPHEN FOSSLER**

**PRESIDENT**

**01/11/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date