## FILED 2004 FOR PROFIT CORPORATION Apr 29, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # F03000000008 TIM COOPER TOURS, INC. Principal Place of Business Mailing Address 1126 S. FEDERAL HWY., #340 1920 S. OCEAN DR., #1609 FT. LAUDERDALE, FL 33316 FT. LAUDERDALE, FL 33316 CR2E034 (10/03) 04282004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-3877031 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE COOPER, TIMOTHY T 1920 S. OCEAN DR., #1609 FT, LAUDERDALE, FL 33316 IN THIS SPACE 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS DPST DILE COOPER, TIMOTHY T 047 307 04 50 033 40 04 047 307 04 50 033 40 00 130 130 STREET ADDRESS 1920 S. OCEAN DR., #1609 CITY-ST ZIP FT. LAUDERDALE, FL 33316 TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST ZIP IN THIS SPACE HILE NAME STREET ADDRESS CLTY - ST - ZIP HILLE STREET ADDRESS CITY ST ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes if 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 trueture empowered to empt as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachingot with an address, with all the propowered.

SIGNATURE:

NAME STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

F SIGNING OFFICER OR DIRECTO

TIMOTHY T. GODEN

4/28/04

954-768-0248

Dayhme Phone #