2007 FOR PROFIT CORPORATION

Mar 01, 2007 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # F03000000920 03-01-2007 90016 048 ***158.75 TOURICUM NUMBER TWO LTD. INC. Principal Place of Business Mailing Address 605 E. ROBINSON STREET, #400 605 E. ROBINSON STREET, #400 ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02222007 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 75-2864253 Not Applicable Country Zιο Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHENOY, UDAY SOUTHSTATE MANAGEMENT CORP. Street Address (P.O. Box Number is Not Acceptable) 605 E. ROBINSON STREET, #400 ORLANDO, FL 32801 Zip Code City FI 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. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Addition ☐ Delete Change THLE TITLE ANSAR, ERIKA NAME NAME HALDENSTRASSE: 1, CH 8763 STREET ADDRESS **7 DOWN STREET** STREET ADDRESS CITY - ST- ZIP LONDON, ENGLAND, W1J7AJ, CITY-ST-ZIP <u>ERLENBACH, SWITZERLAND</u> ■ Addition TITLE ☐ Delete TITLE WILLMOTT, HANAH ANSAR, HANAH NAME HALDENSTRASSE: 1,CH 8703 STREET ADDRESS 7 DOWN STREET STREET ADDRESS CITY-ST-7/P LONDON, ENGLAND, W1J7AJ, CITY-ST-ZIP ERLENBACH, SWITZERLAND ☐ Addition TITLE ☐ Delete TITLE RUSHD, ASAD A MAME NAME 7 DOWN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONDON, ENGLAND, W1J7AJ, CITY-ST-ZIP ☐ Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP THIE ☐ Defete TITLE Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

12. Thereby certify that the information supplied with this filling 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.

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NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST ZIP

ASA D . A . R U.S.H.D. - V, S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fel 21,2007

Daytime Phone #

FILED