


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # F03000000920	
1. Entity Name TOURICUM NUMBER TWO LTD. INC.	

Principal Place of Business 605 E. ROBINSON STREET, #400 ORLANDO, FL 32801	Mailing Address 605 E. ROBINSON STREET, #400 ORLANDO, FL 32801
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02062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 75-2864253	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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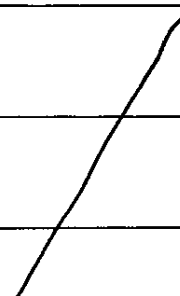
6. Name and Address of Current Registered Agent  SHENOY, UDAY SOUTHSTATE MANAGEMENT CORP. 605 E. ROBINSON STREET, #400 ORLANDO, FL 32801
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**DO NOT WRITE  
IN THIS SPACE**

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  *Feb 6, 2008*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANSAR, ERIKA HALDENSTRASSE:1,CH 8703 ERLENBACH,SWITZERLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLMOTT, HANAH HLADENSTRASSE:1,CH 8703 ERLENBACH, SWITZERLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RUSHD, ASAD A 7 DOWN STREET LONDON, ENGLAND, W1J7AJ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000825803  
02/21/08-80024-016 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:  *Asad A. Rushd - V.P* *2/6/08*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #