2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# F12087

Entity Name: CERTIFIED TOURS, INC.

Current Principal Place of Business:

110 E BROWARD BLVD
FLOOR 10
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

110 E BROWARD BLVD
FLOOR 14
FT. LAUDERDALE, FL 33301

Current Mailing Address:

110 E BROWARD BLVD
FLOOR 10
FT. LAUDERDALE, FL 33301

New Mailing Address:

110 E BROWARD BLVD
FLOOR 14
FT. LAUDERDALE, FL 33301

FEI Number: 59-2074101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C/O TRIPP, SCOTT C
SMITH, DENNIS DUSTIN
110 SE 6TH STREET 28TH FLOOR
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	EGAN, MICHAEL S	
Address:	110 E BROWARD BLVD	
City-St-Zip:	FT. LAUDERDALE, FL 33301	
Title:	TD	( ) Delete
Name:	ALLEN, CELESTE	
Address:	110 BROWARD BLVD.	
City-St-Zip:	FT. LAUDERDALE, FL 33301	
Title:	S	( ) Delete
Name:	TRIPP, NORMAN D	
Address:	110 S.E. 6TH STREET	
City-St-Zip:	FT. LAUDERDALE, FL 33301	
Title:	D	( ) Delete
Name:	KELLY, WILLIAM H JR	
Address:	55 EAST MONROE ST. STE. 4620	
City-St-Zip:	CHICAGO, IL 60603	
Title:	VP	( ) Delete
Name:	DAVISON, NICHOLAS	
Address:	110 E. BROWARD BLVD.	
City-St-Zip:	FORT LAUDERDALE, FL 33301	
Title:	VP	(X) Delete
Name:	DAVISON, NICHOLAS	
Address:	110 E. BROWARD BLVD.	
City-St-Zip:	FORT LAUDERDALE, FL 33301	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	LEBOWITZ, ROBIN	
Address:	110 BROWARD BLVD.	
City-St-Zip:	FT. LAUDERDALE, FL 33301	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: NDAVISON VP 04/23/2008

Electronic Signature of Signing Officer or Director — Date