2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J40075

FILED Apr 22, 2008 Secretary of State

Entity Name: EXECUTIVE LIMOUSINE AND TOUR SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business: 310 COUNTRY BLVD KISSIMMEE, FL 34741 **Current Mailing Address: New Mailing Address:** 310 COUNTRY BLVD P.O. BOX 771583 KISSIMMEE, FL 34741 ORLANDO, FL 32877 FEI Number: 59-2724096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHMIDT, IRENE 310 COUNTRY BLVD KISSIMMEE, FL 34741 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SCHMIDT IRENE, Name: Name: 310 COUNTRY BLVD Address: Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: RUDY, SHAWN Name: 40 RAINBOW BLVD. Address: Address: BABSON PARK, FL 33827 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition WITT, YVONNE M Name: WITT, YVONNE M Name: RT #1 BOX 455-C 310 COUNTRY BLVD Address: Address: City-St-Zip: ROSE HILL, VA 24281 City-St-Zip: KISSIMMEE, FL 34741 Title: () Delete Title: () Change () Addition RUDY, PAUL Name: Name: Address: 2831 E, IRL BRONSON MEMORIAL HWY. Address: City-St-Zip: KISSIMMEE, FL 34744 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: IRENE SCHMIDT P 04/22/2008