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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P00000040649</b>			
1. Entity Name <b>SIMONE TOURS, INC.</b>			
Principal Place of Business 1583 52ND ST GULF MARATHON, FL 33050		Mailing Address P.O. BOX 3225 MARATHON SHORE, FL 33052	
2. Principal Place of Business <b>426 QUARRY LANE</b> Suite, Apt. #, etc.		3. Mailing Address <b>426 QUARRY LANE</b> Suite, Apt. #, etc.	
City & State <b>SEBASTIAN, FL</b> Zip <b>32958</b>		City & State <b>SEBASTIAN, FL</b> Zip <b>32958</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>85-1002410</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <b>DEVANE, WILLIAM N JR</b> <b>5701 OVERSEAS HWY., STE. 12</b> <b>MARATHON, FL 33060</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, in ink or printed name of registered agent and if not a corporation, (NOTE: Registered Agent's signature does not need to be notarized)</small>			
<b>RENEWAL FEE \$150.00</b> After May 1, 2003 Fee will be \$150.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <b>PD</b> <b>KITCHENER, AMELIA K</b> <b>1583 52ND ST.</b> <b>MARATHON, FL 33060</b>		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-STATE-ZIP <b>426 QUARRY LANE</b> <b>SEBASTIAN, FL 32958</b>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <b>VD</b> <b>KITCHENER, RAYMOND G</b> <b>1583 52ND ST.</b> <b>MARATHON, FL 33060</b>		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-STATE-ZIP <b>426 QUARRY LANE</b> <b>SEBASTIAN, FL 32958</b>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-STATE-ZIP <b>700021782867</b> <b>07/25/03--01004--014 **158.75</b>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-STATE-ZIP <b>TS</b>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 697, 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 <b>Julia K. Kitchener, A. KITCHENER</b>		7/14/02 (772) 388-4949	
SIGNATURE AND TITLE OF PRINTED NAME OF SECRETARY OR CLERK OR DIRECTOR		DATE	

CR20034 (10/02)

# SIMONE TOURS INC.

426 Quarry Lane Sebastian, Florida 32958  
772-388-4949 - 1-800-322-2075 - Fax 772-388-0082

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Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

July 17, 2003

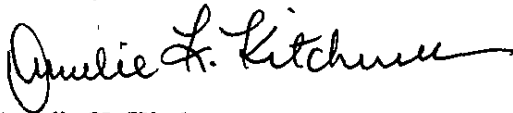
Dear Sir,

Enclosed please find our 2003 Uniform Business Form Report.

Unfortunately, as you will note, it is being filed late. We failed to advise you of a change of address from Marathon, Florida to Sebastian, Florida and the Post Office failed to forward the forms to us. We regret failing to report and hope that you will waive the penalty charge. Simone Tours were for many years a small proprietorship and we need to learn that we are now a corporation with a new set of rules to follow. I assure you that we will do so.

We have enclosed our check for \$158.50 in the hope that you will accept this as our renewal of our Corporation. Additionally, that this will serve as our notification of change of address.

Sincerely,



Amelia K. Kitchener  
President

New address:  
Simone Tours Inc.  
426 Quarry Lane  
Sebastian, Florida 32958  
Telephone: 772-377-4949 Fax 772-388-0082