

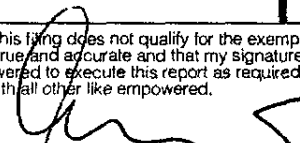


FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000084858 1. Entry Name PRO TOUR PROPERTY, TRAVEL AND MANAGEMENT SERVICES, INC.			
Principal Place of Business 1633 PERIWINKLE WAY STE A SANIBEL, FL 33957		Mailing Address 1633 PERIWINKLE WAY STE A SANIBEL, FL 33957	
DO NOT WRITE IN THIS SPACE			
		01172005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-1039506 Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURTY, TIMOTHY J 1633 PERIWINKLE WAY STE A SANIBEL, FL 33957			
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		PD GOLLIN, GERHARD BRUNO TAUT STR 12 12524 BERLIN GERMANY,	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		VSTD GOLLIN, EDELTRAUD BRUNO TAUT STR 12 12524 BERLIN GERMANY,	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		D MURTY, TIMOTHY J 1633 PERIWINKLE WAY, SUITE A SANIBEL, FL 33957	
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
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TITLE NAME STREET ADDRESS CITY- ST- 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 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: G. GOLLIN  01-17-2005 239-4721000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			