## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000007512

Entity Name: NONPOINT TOURING, INC.

FILED May 04, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	OWERLINE RI O, FL 33073	D., SUITE U-5		
Current Mailing Address:			New Mailing Address:	
5328 ALH WOODLA	AMA DR. ND HILLS, CA	91364		
FEI Number	: 13-4157441	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
	ARON OWERLINE RI O, FL 33073	D., SUITE U-5 US		
	e named entity : e of Florida.	submits this statement for the	purpose of changing its registe	red office or registered agent, or both,
SIGNATU				
	Electror	nic Signature of Registered Ag	ent	Date
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ( ).	ot receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P ( ) CHARMAN, KE 7561 NW 16TH PLANTATION, I	ST #2101	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	SORIANO, ELIA 3460 BANKS R		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	T ( ) GOLDMAN, AN 219 CAMERON WESTON, FL :	СТ	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	VP ( ) RIVERA, ROBE	) Delete :RT	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: KENETH CHARMAN PRES 05/04/2007

4100 N POWERLINE RD STE U-5

POMPANO, FL 33073

Address:

City-St-Zip: