

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90856 037 ***150.00

DOCUMENT # P02000038916						
1. Entity Name PROGRESS TOURS, INC.						
Principal Place of Business 7400 INTERNATIONAL DRIVE SUITE 1105 ORLANDO, FL 32819			Mailing Address 7400 INTERNATIONAL DRIVE SUITE 1105 ORLANDO, FL 32819			
2. Principal Place of Business - No P.O. Box # 5728 MAJOR BLVD			3. Mailing Address 5728 MAJOR BLVD			
Suite, Apt. #, etc. 309			Suite, Apt. #, etc. 309			
City & State Orlando - FL			City & State Orlando - FL			
Zip 32836		Country USA		Zip 32836		
Country USA		03272007 Chg-P CR2E034 (12/06)				
4. FEI Number 02-0518222				Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent		
SOUSA, MARIA CAROLINA 10218 NEWINGTON DRIVE ORLANDO, FL 32836				7. Name and Address of New Registered Agent		
Name				Street Address (P.O. Box Number is Not Acceptable)		
City				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD	NAME SOUSA, MARIA CAROLINA		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 10218 NEWINGTON DRIVE	CITY-ST-ZIP ORLANDO, FL 32836		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	
TITLE VP	NAME ALEXANDER SOUSA		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 10218 Newington Dr.	CITY-ST-ZIP Orlando - FL 32836		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	
TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	
TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	
TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____			4/19/07 407-248 0011			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #			