


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90065 006 ***150.00

DOCUMENT # P04000087906	
1. Entity Name ALTER BRIDGE TOURING, INC.	

Principal Place of Business 2813 S. HIAWASSEE RD. SUITE 201 ORLANDO, FL 32835 US	Mailing Address 2813 S. HIAWASSEE RD. SUITE 201 ORLANDO, FL 32835 US
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2. Principal Place of Business - No P.O. Box # 2243 Cairns Ct. Orlando, FL 32835 US	3. Mailing Address 20 N. Santa Cruz Ave Suite A Los Gatos, CA 95030 US
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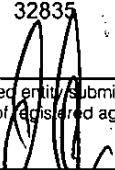


04252007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1207340	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WHITFIELD, CPA, GARRY 2813 S. HIAWASSEE ROAD SUITE 201 ORLANDO, FL 32835	7. Name and Address of New Registered Agent David Johnson 2243 Cairns Ct. Orlando, FL 32835
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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 4/26/07

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TREMONTI, MARK 2243 Cairns Ct. Orlando, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2243 Cairns Ct. Orlando, FL 32835 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PHILLIPS, THOMAS S 2813 S. HIAWASSEE ROAD, SUITE 201 ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2243 Cairns Ct. Orlando, FL 32835 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARSHALL, BRIAN 2813 S. HIAWASSEE RD. ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2243 Cairns Ct. Orlando, FL 32835 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENNEDY, MYLES 2813 S. HIAWASSEE ROAD, SUITE 201 ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2243 Cairns Ct. Orlando, FL 32835 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: 	DATE 4/26/07	DAYTIME PHONE # 408-395-9515
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