
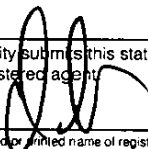


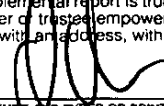
2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2008 8:00 am
Secretary of State

09-12-2008 90003 002 ***150.00

DOCUMENT # P04000087906 1. Entity Name ALTER BRIDGE TOURING, INC.					
Principal Place of Business 2243 CAIRNS CT. ORLANDO, FL 32835 US			Mailing Address 20 N. SANTA CRUZ AVE SUITE A LOS GATOS, CA 95030 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 901 CAMPISI WAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 205			
City & State		City & State CAMPBELL, CA			
Zip	Country	Zip 95008	Country	4. FEI Number 20-1207340	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, DAVID 2243 CAIRNS CT. ORLANDO, FL 32835			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
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	VP PHILLIPS, THOMAS S 2243 CAIRNS CT. ORLANDO, FL 32835	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARSHALL, BRIAN 2243 CAIRNS CT. ORLANDO, FL 32835	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENNEDY, MYLES 2243 CAIRNS CT. ORLANDO, FL 32835	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #