2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 08:00 A Secretary of State **DOCUMENT # P04000111778** 1. Entity Name GEORGE TOURS, INC. Principal Place of Business Maiting Address 1304 S OXALIS AVE 1304 S OXALIS AVE ORLANDO, FL 32807 ORLANDO, FL 32807 CR2E034 (11/05) 04122007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1435102 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DIAZ, CESAR DO NOT WRITE 1340 S OXALIS AVE ORLANDO, FL 32809 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 agen-(NOTE, Registered Agent signature required when reinstating) ne of fedistered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be 4-12-2007 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PDS TITLE DIAZ, CESAR NAME 1304 S OXALIS AVE V00000709977 STREET ADDRESS 04/25/07-80026-007 150.00 CRY-ST-ZIP ORLANDO, FL 32807 TITLE DIAZ, GEORGE NAME STREET ADDRESS 1304 S OXALIS AVE CITY-ST-ZIP ORLANDO, FL 32807 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TATLE 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 it 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

TORGE DIAZ