## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000043714  1. Entity Name SPECTRUM TOURS, INC.									DIVISION U.S.			
Principal Place of Business			М	Mailing Address					UVISION U.	$\mathcal{D}_{bb}$	it	
2460 N.W. 17 LANE Suite 6			5652 S.W. 88 TERRACE Cooper City, Fl. 33328 US					ŀ	08 Alic Lo	HU33	TOUS	
POMPANO BEACH, FL 33064 US				3001 ER 0111,1 E 33325 - 03				l PEGNITAL A	oo i R	PH 12: 1	<b>A</b>	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					07282008	Chg-P	CR2E03	4 (12/06)	
City & State			City & State					4. FEI Numb 20-458		<del>-</del>	<del></del>	plied For t Applicable
Zip	Country			Zip	Coun	try	5. Certificate of Status Desired \$8.75 Addl Fee Required			itional		
	tered Agent		Name		7. Name and	Address of New R	Registered A	gent				
MASCIARELLI, GLEN												
5652 S.W. 88 TERRACE COOPER CITY, FL 33328					Street Address (P.O. Box Number is Not Acceptable)							
3001 EK 0171, 1E 30323					:							
						City				FL	Zip Code	9
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. If am familiar with, and accept the obligations of registered agent.												
SIGNATURE_	Circulate Annal of the	interest and a second assembly	and title	d applicable (MOTE	Parentara	d Acort disease		(when seigntation)		DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rejustating)  DATE												
Amended AR is \$61.25  9. Election Campaign Financia Trust Fund Contribution.								00 May Be ed to Fees				
10,	· · · · · · · · · · · · · · · · · · ·	DIRE	DIRECTORS 11.				ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS		
TITLE NAME	VSTD MASCIARELLI, GLEN			☐ Delete TITLE			<b>V</b> .	00.99	500135	<b>28</b> 5	355	Addition
STREET ADDRESS	DRESS 5652 S.W. 88 TERRACE				1	ET ADDRESS		09/1	337U8U1U)	13025	**70	.00
CITY-ST-ZIP TITLE	COOPER CITY, FL 33328				CHY.	-ST-ZIP	Τ				Change	☐ Addition
NAME	MASCIARELLI, REGINA			r_1 Defets	Ε .	'			•	C crange	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	SS   5652 S.W. 88 TERRACE   COOPER CITY, FL 33328				•	et address ( -st-žip						
TITLE	OOO: LN OITT, FL 33320			□ Delete	TITLE		P		<del></del>	<del></del>	☐ Change	Addition
NAME					NAM		3036	Mann	Deanna Sist Stree	A		
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP			eck,FL 33			
TITLE				☐ Delete	TITLE		D		2:11:		Change	Addition
NAME Street address					NAM STRE	E Et address	10ge	mann,v 2 NW 5	Villiam 518+54reet ek, FL 330			
CITY-ST-ZIP						-ST - ZIP	دەدە	nutcre	ek, FL 330	73		
TITLE NAME				Delete	TITLE	,					☐ Change	☐ Addition
STREET ADDRESS						ET ADDRESS	1					
CITY-ST-ZIP		1			-ł	-ST-ZIP						
TITLE NAME	$\sim$ 0	118/1	8	☐ Delete	NAM						☐ Change	Addition
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP	certify that the inf	formation expedient with	n thin i	filing does not qualify to		-ST-ZIP	onteines	f in Chapter 11	Q Florida Statutos	I further cost	fy that the i-	formation
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.												
SIGNAT	TIRE: (	Cla A Va	N.	mille-	Gle	n M	asc	iuvelli	8/1/18	9.1	4971	-6404
OLO IVE	71 VIII	IGNATURE AND TYPED OF	DONTE	NAME OF SIGNING OFFICED	DA DIBEC.	1			/ / J / J		udima Phone #	