2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000043714

Address:

City-St-Zip:

4852 NW 51ST STREET

COCONUT CREEK, FL 33073

Entity Name: SPECTRUM TOURS, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:
2460 N.W	. 17 LANE	2301 N.W. 33 COURT
SUITE 6 POMPANO BEACH, FL 33064 US		SUITE 107B POMPANO BEACH, FL 33069 US
	lailing Address:	New Mailing Address:
	_	
	. 88 TERRACE CITY, FL 33328 US	2301 N.W. 33 COURT SUITE 107B
	•	POMPANO BEACH, FL 33069 US
FEI Number	: 20-4582111 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:		:: Name and Address of New Registered Agent:
5652 S.W.	ELLI, GLEN 88 TERRACE CITY, FL 33328 US	
	e named entity submits this statement for t e of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATU		
	Electronic Signature of Registered	Agent Date
Election Ca	mpaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title:	V () Delete	Title: () Change () Addition
Name:	MASCIARELLI, GLEN	Name:
Address: City-St-Zip:	5652 S.W. 88 TERRACE COOPER CITY, FL 33328 US	Address: City-St-Zip:
Title	T () Doloto	Title: () Change () Addition
Title: Name:	T () Delete MASCIARELLI, REGINA	Title: () Change () Addition Name:
Address:	5652 S.W. 88 TERRACE	Address:
City-St-Zip:	COOPER CITY, FL 33328 US	City-St-Zip:
Title:	P () Delete	Title: () Change () Addition
Name:	JAGEMANN, DEANNA	Name:
Address:	4852 NW 51ST STREET	Address:
City-St-Zip:	COCONUT CREEK, FL 33073	City-St-Zip:
Title:	D () Delete	Title: () Change () Addition
Name:	JAGEMANN, WILLIAM	Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: GLEN MASCIARELLI V 04/15/2009