

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000054288

**FILED**  
**May 27, 2009**  
**Secretary of State****Entity Name:** GARDEN TOURS & TRANSPORTATION, INC.**Current Principal Place of Business:**1519 PINE AVENUE  
ORLANDO, FL 32824**New Principal Place of Business:**6923 NARCOOSSEE ROAD  
STE. 619  
ORLANDO, FL 32822**Current Mailing Address:**1519 PINE AVENUE  
ORLANDO, FL 32824**New Mailing Address:**6923 NARCOOSSEE ROAD  
STE. 619  
ORLANDO, FL 32822**FEI Number:** 11-3779155**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ALMANZAR, ANGEL OWNER  
1519 PINE AVENUE  
ORLANDO, FL 32824 US**Name and Address of New Registered Agent:**ALMANZAR, ANGEL OWNER  
6923 NARCOOSSEE ROAD  
STE. 619  
ORLANDO, FL 32822 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

05/27/2009

Date

**OFFICERS AND DIRECTORS:****Title:** OWNE ( ) Delete  
**Name:** ALMANZAR, ANGEL OWNER  
**Address:** 7841 ELMSTONE CIRCLE  
**City-St-Zip:** ORLANDO, FL 32822**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** OWNE (X) Change ( ) Addition  
**Name:** ALMANZAR, ANGEL OWNER  
**Address:** 7841 ELMSTONE CIRCLE  
**City-St-Zip:** ORLANDO, FL 32822 OR**Title:** VP ( ) Change (X) Addition  
**Name:** ESCOTO, YOLAND M  
**Address:** 922 EGAN DRIVE  
**City-St-Zip:** ORLANDO, FL 32822 OR

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.

SIGNATURE: ANGEL ALMANZAR

Electronic Signature of Signing Officer or Director

OWNE

05/27/2009

Date