


**FILED**  
**May 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90256 024 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

4/7

66016338

<b>DOCUMENT # P06000059490</b>			
1. Entity Name <b>TOUR SPORTS, INCORPORATED</b>			
Principal Place of Business <b>701 S. HOWARD AVE. SUITE 106 - 308 TAMPA, FL 33606</b>		Mailing Address <b>701 S. HOWARD AVE. SUITE 106 - 308 TAMPA, FL 33606</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
4. FEI Number <b>20-4848830</b>		03232007 Chg-P CR2E034 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HARGRAVES, BRION D 701 S. HOWARD AVE. SUITE 106 - 308 TAMPA, FL 33606</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HARGRAVES, BRION D 701 S. HOWARD AVE. SUITE 106 - 308 TAMPA, FL 33606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Brion D Hargraves</i></u>		Date: <u>4-10-07</u> 813 335 2470	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	