2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000048692

Entity Name: TOUR SOLUTIONS, INC.

FILED May 21, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

2700 EAST BAY DRIVE 7501 142ND AVE. N. 558

SUITE 109

LARGO, FL 33771 LARGO, FL 33771

New Mailing Address: Current Mailing Address:

2700 EAST BAY DRIVE 7501 142ND AVE. N. SUITE 109 558

LARGO, FL 33771 US LARGO, FL 33771 US

FEI Number: 26-0257018 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MEYER, LINDA A CROSS, DEAN P 2700 EAST BAY DRIVE 7501 142ND AVE. N. SUITE 109 558 LARGO, FL 33771 US LARGO, FL 33771 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: DEAN CROSS 05/21/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

CROSS, DEAN CROSS, DEAN Name: Name:

2700 EAST BAY DRIVE SUITE 109 Address: 7501 142ND AVE. N. #558 Address: City-St-Zip: LARGO, FL 33771 City-St-Zip: LARGO, FL 33771 US

Title: VΡ Title: VΡ (X) Change () Addition () Delete Name: MEYER, LINDA A Name: CROSS, MARY G VP

3420 SOUTH DALE MABRY 7501 142ND AVE. N. #558 Address: Address: TAMPA, FL 33629 LARGO, FL 33771 US City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete

CROSS, MARY G Name: CROSS, MARY G S Name: 2700 EAST BAY DRIVE SUITE 109 Address: 7501 142ND AVE. #558 Address City-St-Zip: LARGO, FL 33771 City-St-Zip: LARGO, FL 33771 US

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.

Ρ SIGNATURE: DEAN CROSS 05/21/2009