

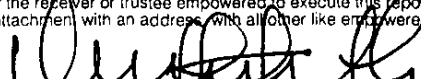


RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08-APR -1 AM 11:32

DOCUMENT # P07000096228				TALLAHASSEE, FLORIDA	
1. Entity Name WADOMATOURS INC				08-APR -1 AM 11:32	
Principal Place of Business 155 PONDEROSA CIR. MIDWAY, FL 32343		Mailing Address 155 PONDEROSA CIR. MIDWAY, FL 32343			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04012008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DOKURUGU, YUSSIF 155 PONDEROSA CIR. MIDWAY, FL 32343				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL 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 _____ (NOTE: Registered Agent signature required when constituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OWUSU, KWASI	NAME			
STREET ADDRESS	155 PONDEROSA CIR.	STREET ADDRESS			
CITY- ST- ZIP	MIDWAY, FL 32343	CITY- ST- ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOKURUGU, YUSSIF	NAME			
STREET ADDRESS	155 PONDEROSA CIR.	STREET ADDRESS			
CITY- ST- ZIP	MIDWAY, FL 32343	CITY- ST- ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADU, YAW	NAME			
STREET ADDRESS	155 PONDEROSA CIR.	STREET ADDRESS	000121780180		
CITY- ST- ZIP	MIDWAY, FL 32343	CITY- ST- ZIP	04/01/08--01006--022 **150.00		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADOM, NANA	NAME			
STREET ADDRESS	155 PONDEROSA CIR.	STREET ADDRESS			
CITY- ST- ZIP	MIDWAY, FL 32343	CITY- ST- ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADU, EUNICE	NAME			
STREET ADDRESS	155 PONDEROSA CIR.	STREET ADDRESS			
CITY- ST- ZIP	MIDWAY, FL 32343	CITY- ST- ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADOM, SAMUEL	NAME			
STREET ADDRESS	155 PONDEROSA CIR.	STREET ADDRESS			
CITY- ST- ZIP	MIDWAY, FL 32343	CITY- ST- ZIP			
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: 		April 1, 2008 850 228			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			