2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 05, 2008 08:00 AN Secretary of State **DOCUMENT # P94000036640** TROLLEY TOURS, INC. Principal Place of Business Mailing Address 998 S MILITARY TR 998 S MILITARY TR DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 US 05022008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 16-1036616 \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent PEREZ, JOSEPH D. DO NOT WRITE 5326 FLAMINGO COURT COCONUT CREEK, FL 33073 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 12, 2008 10. OFFICERS AND DIRECTORS TITLE PEREZ, DARCY NAME U00000948163 06/02/08-80045-001 150.00 STREET ADDRESS 4500 NW 12TH DR. POMPANO BEACH, FL 33073 CITY-ST-ZIP TITLE DP NAME PEREZ, JOSEPH D 5326 FLAMINGO COURT STREET ADDRESS COCONUT CREEK, FL 33073 CITY - ST- 7IP TITLE PEREZ, JOSEPH JR NAME STREET ADDRESS **4771 NW 13TH AVENUE** DO NOT WRITE CITY-ST-ZIP POMPANO BEACH, FL 33064 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-7/P TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP