


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000010164
 1. Entity Name
 KHARINA'S TOURS, INC.



Principal Place of Business
 1911 MORNING DRIVE
 ORLANDO, FL 32809

Mailing Address
 1911 MORNING DRIVE
 ORLANDO, FL 32809



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-3291327

Applied For
 Not Applied

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

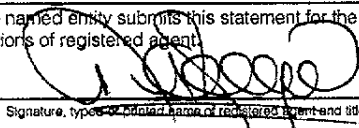
6. Name and Address of Current Registered Agent

CAMPANA, ALEJANDRO
 1911 MORNING DRIVE
 ORLANDO, FL 32809

DO NOT WRITE 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.

SIGNATURE



Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000531072
 05/06/06-80025-012 158.75

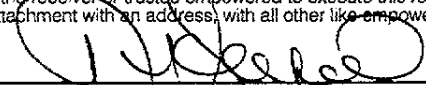
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CAMPANA, ALEJANDRO 1911 MORNING DRIVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CAMPANA, SERGIO 1911 MORNING DRIVE ORLANDO, FL 32809
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DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/06 404-850-9000