


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Feb 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000038865 1. Entity Name GREEN ROOM TOURS INC.	
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Principal Place of Business 19236 GULFSTREAM DR TEQUESTA, FL 33469	Mailing Address 19236 GULFSTREAM DR TEQUESTA, FL 33469
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DO NOT WRITE IN THIS SPACE

02172005 No Chg-P CR2E034 (10/03)

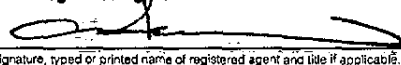
4. FEI Number 90-0065858	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASKEW, ANTHONY
19236 GULFSTREAM DR
TEQUESTA, FL 33469

**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:  DATE: 2-18-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**


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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASKEW, ANTHONY 19236 GULFSTREAM DR TEQUESTA, FL 33469
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02/22/05-80008-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 2-18-05 DAYTIME PHONE #: 5613077771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR