


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 453080	
1. Entity Name DE NURE TOURS, INC.	

Principal Place of Business 1515 S ATLANTIC AVE DAYTONA BEACH, FL 32118 US	Mailing Address 71 MOUNT HOPE ST 1 LINDSAY, ONTARIO, XX K9V- -N5 CA
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DO NOT WRITE IN THIS SPACE



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1540811	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CROTTY, KATHLEEN L 1800 W. INTL SPEEDWAY BLVD BUILDING 2, STE.201 DAYTONA BEACH, FL 32114	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DENURE, RAYMOND 62 BOND ST LINDSAY, ONTARIO, XX k9v 3r4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE NURE DOROTHY 60 BOND STREET LINDSAY, ONTARIO, CA, XX K9V3R2
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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: 	Date: FEB 6 / 07	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		