## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 655097** 

FILED Apr 17, 2006 Secretary of State

Entity Name: CRILLON TOURS ENTERPRISES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1450 S BAYSHORE DR **APT 815** MIAMI, FL 33131 **Current Mailing Address: New Mailing Address:** 1450 S BAYSHORE DR APT 815 MIAMI, FL 33131 FEI Number: 59-2211555 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORGA, DARIUS MORGAN, DARIUS 1450 S. BAYSHORE DR. #815 1450 S. BAYSHORE DR. #815 MIAMI, FL 33131 US MIAMI, FL 33131 US 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. SIGNATURE: LILIAN SCHOMAKER 04/17/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DARIUS, MORGAN Name: Name: 1450 S. BAYSHORE DR #815 Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: Title: () Change () Addition () Delete Name: SCHOMAKER, LILIAN Name: 320 SE 3RD COURT Address: Address: POMPANO BEACH, FL 33060 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: LILIAN SCHOMAKER 04/17/2006