

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 695028

Entity Name: MARGARET MORSE TOURS, INC.

FILED  
Dec 07, 2006  
Secretary of State

## Current Principal Place of Business:

999CAPTIVA DR  
HOLLYWOOD, FL 33019 US

## New Principal Place of Business:

999 CAPTIVA DR  
HOLLYWOOD, FL 33019 US

## Current Mailing Address:

999CAPTIVA DR  
HOLLYWOOD, FL 33019 US

## New Mailing Address:

1835 E HALLANDALE BEACH BLVD #440  
HALLANDALE, FL 33009 US

FEI Number: 59-2108366

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORSE, WENDY  
20410 NE 34TH COURT  
AVENTURA, FL 33180 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: MORSE, WENDY  
Address: 20410 NE 34 CT  
City-St-Zip: AVENTURA, FL 33180

Title: VP ( ) Delete  
Name: MORSE, MICHAEL  
Address: 1105 LXOUTESE ST  
City-St-Zip: HOLLYWOOD, FL 33019

Title: VP (X) Delete  
Name: MORSE, ROBYN  
Address: 999 CAPTIVA WAY  
City-St-Zip: HOLLYWOOD, FL 33019

Title: VPD (X) Delete  
Name: MORSE, ROBYN  
Address: 999 CAPTIVA DRIVE  
City-St-Zip: HOLLYWOOD, FL 33019

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: MORSE, WENDY  
Address: 20410 NE 34 CT  
City-St-Zip: AVENTURA, FL 33180

Title: VP (X) Change ( ) Addition  
Name: O'KEEFE MORSE, ROBYN  
Address: 999 CAPTIVA DR  
City-St-Zip: HOLLYWOOD, FL 33019

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 Statutes. 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.

SIGNATURE: ROBYN MORSE O'KEEFE

VP

12/07/2006

Electronic Signature of Signing Officer or Director

Date