2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007
Secretary of State

DOCUMENT# 851383

Entity Name: GOGO TOURS, INC.

Current Principal Place of Business:

69 SPRING STREET
RAMSEY, NJ 074467507

New Principal Place of Business:

Current Mailing Address:

69 SPRING STREET
RAMSEY, NJ 074467507

New Mailing Address:

FEI Number: 11-2009838 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: HAROCHE, GILBERT,
Address: 69 SPRING ST.
City-St-Zip: RAMSEY, NJ 07446

Title: D ( ) Delete
Name: HAROCHE, CHARLENE
Address: 69 SPRING ST.
City-St-Zip: RAMSEY, NJ 07446

Title: PD ( ) Delete
Name: KASSNER, MICHELLE
Address: 69 SPRING ST
City-St-Zip: RAMSEY, NJ 07446

Title: D ( ) Delete
Name: KASSNER, GERDA
Address: 64 SPRING ST
City-St-Zip: RAMSEY, NJ 07446

Title: D ( ) Delete
Name: TEITELBAUM, ELLEN
Address: 69 SPRING ST
City-St-Zip: RAMSEY, NJ 07446

Title: S ( ) Delete
Name: BORKOWSKI, THOMAS
Address: 69 SPRING ST
City-St-Zip: RAMSEY, NJ 07446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: T.BORKOWSKI SECR 04/05/2007

Electronic Signature of Signing Officer or Director Date