


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000004182		
1. Entity Name SCHOOL TOURS, INC.		
Principal Place of Business 657 VICTORIA STREET COSTA MESA, CA 92627		Mailing Address P.O. BOX 10909 COSTA MESA, CA 92627
DO NOT WRITE IN THIS SPACE		
		01092007 No Chg-P CR2E034 (11/05)
4. FEI Number 95-3253886		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		
KLINDWORTH, PATRICIA 10250 UNIVERSITY BLVD. ORLANDO, FL 32817		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
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
		000000588871 01/18/07-80034-007 158.75
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP DICKSON, KRISTIN 657 VICTORIA STREET COSTA MESA, CA 92627	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS DICKSON, KRISTIN 657 VICTORIA STREET COSTA MESA, CA 92627	
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DO NOT WRITE IN THIS SPACE		
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: <u>Kristin Dickson</u> <u>Kristin Dickson</u> 1/12/06 949 442-0411 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		