2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# F07000005192

Entity Name: EDUCATIONAL TOURS, INC.

Current Principal Place of Business:

111 PFINGSTEN ROAD, SUITE 100
DEERFIELD, IL 60015

New Principal Place of Business:

Current Mailing Address:

111 PFINGSTEN ROAD, SUITE 100
DEERFIELD, IL 60015

New Mailing Address:

FEI Number: 36-3334913 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: RICCIARDELLI, MARIO
Address: 8 ESSEX CENTER DRIVE
City-St-Zip: PEBODY, MA 01960

Title: P ( ) Delete
Name: SLOTNICK, MITCHELL
Address: 111 PFINGSTEN ROAD, SUITE 100
City-St-Zip: DEERFIELD, IL 60015

Title: V ( ) Delete
Name: SLOTNICK, VALERIE
Address: 111 PFINGSTEN ROAD, SUITE 100
City-St-Zip: DEERFIELD, IL 60015

Title: S ( ) Delete
Name: POOLE, WILLIAM
Address: 945 EAST FACES FERRY ROAD, STE. 2700
City-St-Zip: ATLANTA, GA 30326

Title: T ( ) Delete
Name: SILVER, HOWARD
Address: 111 PFINGSTEN ROAD, SUITE 100
City-St-Zip: DEERFIELD, IL 60015

Title: V ( ) Delete
Name: SLOTNICK, BARRY
Address: 111 PFINGSTEN ROAD, SUITE 100
City-St-Zip: DEERFIELD, IL 60015

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 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: WILLIAM M. POOLE S 05/01/2009

Electronic Signature of Signing Officer or Director Date