

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12087

FILED
Feb 08, 2007
Secretary of State

Entity Name: CERTIFIED TOURS, INC.

Current Principal Place of Business:

110 E BROWARD BLVD
P.O. BOX 1525
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

110 E BROWARD BLVD
FLOOR 10
FT. LAUDERDALE, FL 33301

Current Mailing Address:

110 E BROWARD BLVD
FLOOR 10
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 59-2074101 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C/O TRIPP, SCOTT C
SMITH, DENNIS DUSTIN
110 SE 6TH STREET 28TH FLOOR
FT. LAUDERDALE, FL 33301 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: D () Delete
Name: EGAN, MICHAEL S
Address: 110 E BROWARD BLVD
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: TD () Delete
Name: ALLEN, CELESTE
Address: 110 BROWARD BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: S () Delete
Name: TRIPP, NORMAN D
Address: 110 S.E. 6TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D () Delete
Name: KELLY, WILLIAM H JR
Address: 55 EAST MONROE ST. STE. 4620
City-St-Zip: CHICAGO, IL 60603

Title: VP () Delete
Name: DAVISON, NICHOLAS
Address: 110 E. BROWARD BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VP () Delete
Name: DAVISON, NICHOLAS
Address: 110 E. BROWARD BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

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: NDAVISON

VP

02/08/2007

Electronic Signature of Signing Officer or Director

Date