## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## **FILED** Jan 17, 2006 08:00 AM Secretary of State

DOCUMENT # J77939  1. Entity Name CREATIVE TOURS BY PAT, INC.		
Principal Place of Business	Mailing Address	<del></del>
151 Mary Esther Cutoff Suite 105 Mary Esther, FL 32569	151 Mary Esther Cutoff Suite 105 Mary Esther, FL 32569	<del>*</del> :
<del></del>	<u></u>	

Suite 105 Mary Esthe	R, FL 32569	SUITE 105 MARY ESTHER, FL 32569	4 				
DO NOT WRITE IN THIS SPAC		CE	01062006 4. FEI Numbe 59-283	No Chg-P	CR2E034 (11/05)  Applied For   Not Applicable    \$8.75 Additional   Fee Required		
	6. Name and Address of Current Rec	istered Agent		· ',			
176 MARC	PATRICIA A. BIA DR. THER, FL 32569	•			NOT W THIS SP		
8. The above the obligation SIGNATURE_	named entity submits this statement for the ions of registered agent.	e purpose of changing its register	ed office or reg	istered agent, or bo	th, in the State of Flo	rida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and to	te il applicable. (NOTE Registero	ad Agent signature rec	rured when reinstating]	<u> </u>	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campalgn Final Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIR	ECTORS	1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST TINNEY, PATRICIA 176 MARCIA DRIVE MARY ESTHER, FL 32569				†	horatora .	
TITLE NAME STREET ADDRESS GITY-ST-ZIP						90010-024 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SF	PACE	
DILE MAME STREET ADDRESS CITY-SI-ZIP							
TITLE NAME SIREET ADDRESS CITY-ST-ZIP				···	·		

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 legat 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 attactyrient with an address, with all other like empowered.

ATTITUDE SENTEN SINCH