## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## **Secretary of State** 02-20-2007 90058 020 \*\*\*150.00 DOCUMENT # J77939 CREATIVE TOURS BY PAT, INC. Principal Place of Business Meiling Address 66004837 151 MARY ESTHER CUTOFF 151 MARY ESTHER CUTOFF SUITE 105 SUITE 105 MARY ESTHER, FL 32569 MARY ESTHER, FL 32569 No Chg-P 01292007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2835258 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TINNEY, PATRICIA A. DO NOT WRITE 176 MARCIA DR. MARY ESTHER, FL 32569 IN THIS SPACE named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Ronida. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS TITLE TINNEY, PATRICIA NAME 176 MARCIA DRIVE STREET ADDRESS MARY ESTHER, FL 32569 CITY-ST-ZP TITLE (i) MALAF STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 is Block 11 if changed, or or an attachment with an address, with all other like empowered.

**FILED** Mar 12, 2007 8:00 am

Much 9, 2007