## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000112811

Entity Name: SINGING RIVER TOURS, INC.

FILED Apr 16, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	LE STREET .ON, FL 34431				
Current Mailing Address:			New Mailing Address:		
	LE STREET .ON, FL 34431				
FEI Number:	: 20-1456854	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address of	f New Registered Agent:	
	GRID M LE STREET .ON, FL 34431	US			
	named entity se of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () SEMMES, JOHI 11938 HALE ST DUNNELLON, F	REET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () SEMMES, MAR P O BOX 3435 DUNNELLON, F		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () ELLIS, INGRID 11938 HALE ST DUNNELLON, F	REET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: INGRID M. ELLIS D 04/16/2005