2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000154361

Entity Name: ARTS TOUR MANAGEMENT SERVICES, INC.

() Delete

MORR, ALEXANDER E

CHESHIRE, CT 06410 US

1489 S. MAIN ST.

Title:

Name:

Address:

City-St-Zip:

FILED May 12, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
6271 SW 72ND ST. APT. C-14 MIAMI, FL 33143			8625 94TH VERO BEA	AVENUE .CH, FL 32967	US	
Current Mailing Address:			New Mailir	New Mailing Address:		
	TH MAIN STREE , CT 06410	ET US				
FEI Number: 20-3835899 FEI Number Applied For ()		FEI Number Not Appli	cable ()	Certificate of Status Desired (X)		
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
1217 CAPE #300 CAPE COR The above in the State	CORAL PARK RAL, FL 33904 named entity su of Florida.	US	pose of changing it	s registered off	fice or registered agent, or both,	
SIGNATUR		Signature of Registered Agent			 Date	
Election Cam		Frust Fund Contribution ().			Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () D MORR, THERESE 1489 S. MAIN ST CHESHIRE, CT		Title: Name: Address: City-St-Zip:	() (Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () D MORR, ALEXAND 6271 SW 72ND S MIAMI, FL 33143	ST., APT C-14	Title: Name: Address: City-St-Zip:	VP (X) (MORR, ALEXANI 8625 94TH AVEN VERO BEACH, F	NUE	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ALEXANDER MORR VP 05/12/2007

() Change () Addition