2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000031070

Entity Name: INVESTING TOURS, INC.

FILED Feb 19, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6400 TIMES SQUARE AVENUE 4327 SOUTH HIGHWAY 27

SUITE B114 SUITE #416

ORLANDO, FL 32835 US CLERMONT, FL 34711 US

Current Mailing Address: New Mailing Address:

6400 TIMES SQUARE AVENUE 4742 W. CLARKSTON RD. SUITE B114 CLARKSTON MI 48348 LIS

SUITE B114 CLARKSTON, MI 48348 US ORLANDO, FL 32835 US

FEI Number: 22-3921949 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BORST, RICHARD

3384 CORONA VILLAGE WAY, #B02

ORIANDO EL 33835 LIS

SUITE #416

ORLANDO, FL 32835 US SUITE #416 CLERMONT, FL 34711 US

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: 02/19/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR () Delete Title: DIR (X) Change () Addition Name: GOTT, GWENDOLEN Name: GOTT, GWENDOLEN

 Address:
 P.O. BOX 144
 Address:
 4742 W. CLARKSTON RD.

 City-St-Zip:
 LAKE ORION, MI 48361 US
 City-St-Zip:
 CLARKSTON, MI 48348 US

Title: DIR () Delete Title: DIR (X) Change () Addition

Name: GOTT, MICHAEL Name: RYAN, JUSTIN

 Address:
 P.O. BOX 144
 Address:
 4742 W. CLARKSTON RD.

 City-St-Zip:
 LAKE ORION, MI 48361 US
 City-St-Zip:
 CLARKSTON, MI 48348 US

Title: DIR (X) Delete Title: () Change () Addition

 Name:
 RYAN, JUSTIN
 Name:

 Address:
 498 LAKE FOREST
 Address:

 City-St-Zip:
 ROCHESTER HILLS, MI 48309 US
 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: GWENDOLEN GOTT PRES 02/19/2007