

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000031070

Entity Name: INVESTING TOURS, INC.

FILED  
Feb 03, 2009  
Secretary of State

## Current Principal Place of Business:

4327 SOUTH HIGHWAY 27  
SUITE #416  
CLERMONT, FL 34711 US

## New Principal Place of Business:

## Current Mailing Address:

4742 W. CLARKSTON RD.  
CLARKSTON, MI 48348 US

## New Mailing Address:

FEI Number: 22-3921949

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOTT, GWENDOLEN  
4327 SOUTH HIGHWAY 27  
SUITE 416  
CLERMONT, FL 34711 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete  
Name: GOTT, GWENDOLEN  
Address: 4742 W. CLARKSTON RD.  
City-St-Zip: CLARKSTON, MI 48348 US

Title: DIR ( ) Delete  
Name: RYAN, JUSTIN  
Address: 4742 W. CLARKSTON RD.  
City-St-Zip: CLARKSTON, MI 48348 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: GWENDOLEN GOTT

DIR

02/03/2009

Electronic Signature of Signing Officer or Director

Date