

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000026413

Entity Name: ACV TOURS, INC.

FILED
Jan 20, 2006
Secretary of State

Current Principal Place of Business:

110 EAST BROWARD BLVD
PO BOX 1525
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

110 EAST BROWARD BLVD
PO BOX 1525
FT. LAUDERDALE, FL 33301

New Mailing Address:

110 EAST BROWARD BLVD
FLOOR 10
FT. LAUDERDALE, FL 33301

FEI Number: 65-0405497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, DENNIS D
110 SE SIXTH STREET
28TH FLOOR
FT. LAUDERDALE, FL 33301 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: S () Delete
Name: TRIPP, NORMAN D
Address: 110 SE 6TH ST., 28TH FLOOR
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: TD () Delete
Name: ALLEN, CELESTE
Address: 110 E. BROWARD BLVD
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D () Delete
Name: KELLY, WILLIAM H
Address: 56 E MONROE STREET, #4620
City-St-Zip: CHICAGO, IL 60603

Title: VP () Delete
Name: DAVISON, NICHOLAS
Address: 110 E BROWARD BLVD
City-St-Zip: FT LAUDERDALE, FL 33301

Title: VP () Delete
Name: ACKERMAN, SCOTT
Address: 110 E BROWARD BLVD
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: NDAVISON

VP

01/20/2006

Electronic Signature of Signing Officer or Director

_____ Date