

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # <b>P93000056751</b>			
1. Entity Name <b>ART/TOURS, INC.</b>		Principal Place of Business <b>2293 VENETIA PL INDIALANTIC FL 32903</b>	
2. Principal Place of Business - No P.O. Box # <i>above</i>		Mailing Address <b>2293 VENETIA PL INDIALANTIC FL 32903</b>	
3. Mailing Address <i>above</i>		3. Mailing Address <i>above</i>	
4. FEI Number <b>59-3201020</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		1st MOORE CR2E034 (10/06)	



<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>TSAMOUTALES, MARY 2293 VENETIA PLACE INDIA LANTIC FL 32903</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City <span style="float: right;"><b>FL</b> Zip Code</span>			

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TSAMOUTALES, MARY			NAME			
STREET ADDRESS	2293 VENETIA PLACE			STREET ADDRESS			
CITY- ST- ZIP	INDIALANTIC FL 32903			CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Tsamoutales      2/2/07      (321) 777-7761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #