


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90026 048 ***150.00

DOCUMENT # P01000122418
 1. Entity Name
CRUISES INC.



40010253

Principal Place of Business: 1415 NW 62ND STREET SUITE 205 FORT LAUDERDALE, FL 33309
 Mailing Address: 100 SYLVAN RD. STE. 600 WOBURN, MA 01801



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

01042005 Chg-P CR2E034 (10/03)

4. FEI Number: 30-0024749 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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 signature required when reinstating) DATE: _____

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

10. OFFICERS AND DIRECTORS

TITLE: PD	NAME: GOWELL, AARON	STREET ADDRESS: 100 SYLVAN RD., STE. 600	CITY-ST-ZIP: WOBURN, MA 01801	<input type="checkbox"/> Delete
TITLE: SD	NAME: GERSTNER, BRADLEY	STREET ADDRESS: 100 SYLVAN RD., STE. 600	CITY-ST-ZIP: WOBURN, MA 01801	<input checked="" type="checkbox"/> Delete
TITLE: TD	NAME: SPOHN, STEPHEN	STREET ADDRESS: 100 SYLVAN RD., STE. 600	CITY-ST-ZIP: WOBURN, MA 01801	<input type="checkbox"/> Delete
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: 1/24/05 DAYTIME PHONE: 617-424-7990