

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 AUG 21 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08152006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000122418 1. Entity Name CRUISES INC.			
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.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip		City & State Zip	
		4. FEI Number 30-0024749	
		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____		300079130873 08/25/06--01033--022 **\$61.25	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input checked="" type="checkbox"/> Delete NAME GOWELL, AARON STREET ADDRESS 100 SYLVAN RD., STE. 600 CITY-ST-ZIP WOBURN, MA 01801	TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME BRADLEY TOLKIN STREET ADDRESS 445 BROAD HOLLOW ROAD, STE 420 B CITY-ST-ZIP MELVILLE, NY 11747		
TITLE TD <input checked="" type="checkbox"/> Delete NAME SPOHN, STEPHEN STREET ADDRESS 100 SYLVAN RD., STE. 600 CITY-ST-ZIP WOBURN, MA 01801	TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JEFFREY TOLKIN STREET ADDRESS 445 BROAD HOLLOW ROAD, STE 420 B CITY-ST-ZIP MELVILLE, NY 11747		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE SIT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME EIL STERNBACH STREET ADDRESS 3086 N. COMMERCE PARKWAY CITY-ST-ZIP MIRAMAR, FL 33025		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME BRADLEY TOLKIN STREET ADDRESS 445 BROAD HOLLOW ROAD, STE. 420 B CITY-ST-ZIP MELVILLE, NY 11747		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JEFFREY TOLKIN STREET ADDRESS 445 BROAD HOLLOW ROAD, STE 420 B CITY-ST-ZIP MELVILLE, NY 11747		
TITLE <input type="checkbox"/> Delete NAME SEE ATTACHMENT STREET ADDRESS CITY-ST-ZIP	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME FRANK BOUGENTAKIS STREET ADDRESS 5 FAIR VIEW COURT CITY-ST-ZIP UPPER BROOKVILLE, NY 11771		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		FIL STERNBACH 8-15-06 954-263-6336 Date Daytime Phone #	

JC 8/22