

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000122418

FILED
Apr 14, 2009
Secretary of State

Entity Name: CRUISES INC.

Current Principal Place of Business:

1415 NW 62ND STREET SUITE 205
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

100 SYLVAN RD.
STE. 600
WOBBURN, MA 01801

New Mailing Address:

FEI Number: 30-0024749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI, FL 33156 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: P&C () Delete
Name: TOLKIN, BRADLEY
Address: 10 HARBOR PARK DR
City-St-Zip: PORT WASHINGTON, NY 11050 US

Title: P&C () Delete
Name: TOLKIN, JEFFREY
Address: 10 HARBOR PARK DR
City-St-Zip: PORT WASHINGTON, NY 11050 US

Title: ST () Delete
Name: GRAFF, DONALD C
Address: 100 SYLVAN RD STE 600
City-St-Zip: WOBBURN, MA 01801 US

Title: D () Delete
Name: COUGENTAKIS, FRANK
Address: 5 FAIRVIEW COURT
City-St-Zip: UPPER BROOKVILLE, NY 11771 US

Title: D () Delete
Name: RISHER, JAY
Address: 19292 SAWGRASS LANE
City-St-Zip: HUNTINGTON BEACH, CA 92648 US

Title: D () Delete
Name: ERMONGENOUS, THEODORE
Address: 162-21 POWELLS COVE BLVD
City-St-Zip: BEECHURST, NY 11357 US

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
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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 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: DONALD C. GRAFF

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04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date