


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90026 021 ***150.00

| | | | |
|---|---|---|---|
| DOCUMENT # V51490 | |  | |
| 1. Entity Name CRUISE ONE, INC. | | | |
| Principal Place of Business 1415 NW 62ND STREET SUITE 205 FORT LAUDERDALE, FL 33309 US | | Mailing Address 1415 NW 62ND STREET SUITE 205 FORT LAUDERDALE, FL 33309 US | |
| 2. Principal Place of Business | | 3. Mailing Address 100 SYLVAN ROAD | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. SUITE 100 | |
| City & State | | City & State WOBBURN MA | |
| Zip | Country | Zip | Country |
| | | 01801 | MIDDLESEX |
| 4. FEI Number 65-0349146 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent EWART, VIVIAN 910 AMHERST AVENUE FORT LAUDERDALE, FL 33325 | | 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD City PLANTATION FL Zip Code 33324 | |
| 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 <i>Monica White</i> Signature, typed or printed name of registered agent and title if applicable. | | ASST. Secretary <i>3/23/04</i> (NOTE: Registered Agent signature required when registering) DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 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 | V <input checked="" type="checkbox"/> Delete | TITLE | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | EWART, VIVIAN | NAME | POWELL, AARON |
| STREET ADDRESS | 1415 NW 62ND STREET STE 205 | STREET ADDRESS | 100 SYLVAN ROAD, SUITE 100 |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33309 | CITY-ST-ZIP | WOBBURN MA 01801 |
| TITLE | VASD <input checked="" type="checkbox"/> Delete | TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DOYLE, PATRICK | NAME | FERSTNER, BRADLEY |
| STREET ADDRESS | 220 CONGRESS PARK DR. | STREET ADDRESS | 100 SYLVAN ROAD SUITE 100 |
| CITY-ST-ZIP | DELRAY BEACH, FL 33445 | CITY-ST-ZIP | WOBBURN MA 01801 |
| TITLE | V <input checked="" type="checkbox"/> Delete | TITLE | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | EWART, JOSEPH | NAME | STOHN, STEPHEN |
| STREET ADDRESS | 1415 NW 62ND STREET STE 205 | STREET ADDRESS | 100 SYLVAN ROAD, SUITE 100 |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33309 | CITY-ST-ZIP | WOBBURN MA 01801 |
| TITLE | PD <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLOODWORTH, JOHN M | NAME | |
| STREET ADDRESS | 220 CONGRESS PARK DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33445 | CITY-ST-ZIP | |
| TITLE | VPAS <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARAIST, ROBERT J | NAME | |
| STREET ADDRESS | 220 CONGRESS DR 300 | STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33445 | CITY-ST-ZIP | |
| TITLE | VAS <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEL PINO, GEORGE | NAME | |
| STREET ADDRESS | 220 CONGRESS PARK DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33445 | CITY-ST-ZIP | |
| 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: <i>[Signature]</i> CEO | | Date: 3/29/04 Daytime Phone #: 677-587-6720 | |