


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-01-2005 90026 050 ***150.00

DOCUMENT # V51490
 1. Entity Name
 CRUISE ONE, INC.



40010251

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

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

4. FEI Number: 65-0349146
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION, FL 33324

01042005 Chg-P CR2E034 (10/03)
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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


10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gowell, Aaron	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  DATE: 1/24/05 DAY/PHONE: 617-424-7190