


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90066 040 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |                                                                    |                                                                                                                                                      |                                                                                                 |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>DOCUMENT # V51490</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                                    |                                                                                                                                                      |                |                                                        |
| 1. Entity Name<br><b>CRUISE ONE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 |                                                                    |                                                                                                                                                      |                                                                                                 |                                                        |
| Principal Place of Business<br>1415 NW 62ND STREET<br>SUITE 205<br>FORT LAUDERDALE, FL 33309 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |                                                                    | Mailing Address<br>100 SYLAN RD STE 600<br>WOBURN, MA 01801 US                                                                                       |                                                                                                 |                                                        |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 | 3. Mailing Address                                                 |                                                                                                                                                      |                                                                                                 |                                                        |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 | Suite, Apt. #, etc.                                                |                                                                                                                                                      |                                                                                                 |                                                        |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 | City & State                                                       |                                                                                                                                                      | 04102007 Chg-P CR2E034 (12/06)                                                                  |                                                        |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                         | Zip                                                                | Country                                                                                                                                              | 4. FEI Number<br><b>65-0349146</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |                                                                    |                                                                                                                                                      | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |
| CT CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND RD.<br>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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 |                                                                    |                                                                                                                                                      |                                                                                                 |                                                        |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 |                                                                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                  |                                                                                                 |                                                        |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 |                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                |                                                                                                 |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>TOLKIN, BRADLEY<br>445 BROAD HOLLOW ROAD, STE 420B<br>MELVILLE, NY 11747 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>10 HARBOR PARK DRIVE<br>PORT WASHINGTON NY 11050                     |                                                                                                 |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>TOLKIN, JEFFREY<br>445 BROAD HOLLOW ROAD, STE 420B<br>MELVILLE, NY 11747 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>10 HARBOR PARK DRIVE<br>PORT WASHINGTON NY 11050                     |                                                                                                 |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | C<br>TOLKIN, BRADLEY<br>445 BROAD HOLLOW ROAD, STE 420B<br>MELVILLE, NY 11747 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>10 HARBOR PARK DRIVE<br>PORT WASHINGTON NY 11050                     |                                                                                                 |                                                        |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ST<br>STERNBACH, GIL<br>3088 N COMMERCE PARKWAY<br>MIRAMAR, FL 33025 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>5T<br>DONALD C. GRAFF<br>100 SYLVAN ROAD, STE 600<br>WOBURN MA 01801 |                                                                                                 |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>COUGENTAKIS, FRANK<br>5 FAIRVIEW COURT<br>UPPER BROOKVILLE, NY 11711 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: <u>Donald C. Graff</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                 | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |                                                                                                                                                      | Date: <u>4-19-2007</u> Daytime Phone #: <u>617/587-6098</u>                                     |                                                        |

ATTACHMENT 40074485  
#V51490

**Addition**

Title: D  
Name: Jay Risher  
Street Address: 19292 Sawgrass Lane  
City-St-Zip: Huntington Beach, CA 92648

Title: D  
Name: James Morrell  
Street Address: 12315 NW 49th Street  
City-St-Zip: Coral Springs, FL 33076