2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # 734630 1. Entity Name 04-24-2006 90386 006 ****70.00 SEVEN SEAS CRUISING ASSOCIATION, INC. Principal Place of Business Mailing Address 2501 E COMMERCIAL BLVD. 2501 E COMMERCIAL BLVD SUITE 201 SUITE 201 40057071 FT LAUDERDALE, FL 33308 FT LAUDERDALE, FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 59-1669131 Applied For Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STANLEY, JOYCE 2700 NE 51 ST Street Address (P.O. Box Number is Not Acceptable) #104 FORT LAUDERDALE, FL 33308 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by May 1, 2006 Trust Fund Contribution. \Box Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Channe ☐ Addition NAME JIM, STEWART Jim Stewart NAME 21760 SW 91 LOOP 21760 SW 91 LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DUNNELLON, FL 34431 CITY-ST-ZIP Dunnellon PL 34431 TITLE VP ☐ Delete TITLE Change ☐ Addition NAME BLACKFORD, RICHARD Richard Blackford 411 Walnut St #858 NAME STREET ADDRESS 411 WALNUT ST #858 STREET ADDRESS CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043 CITY-ST-7IP Green Cove Springs, FL TITLE Delete TITLE NAME KUHLMAN, JEFF steven beeds NAME STREET ADDRESS 1101 RIVER REACH DR UNIT 305 STREET ADDRESS middle River Dr. FT LAUDERDALE, FL 33315 CITY-ST-7IP CITY-ST-ZIP TITLE D TITLE NAME ALLMAYER-BECK, DIANE Joan Hanner NAME STREET ADDRESS 112 CHARIOT AVE 41098 CACHELOGG a, TN STREET ADDRESS CITY-ST-ZIP ELBRIDGE, NY 13060 CITY-ST-ZIP TITLE CS Delete TITLE NAME WATT, KATHLEEN NAME Kathleen watt STREET ADDRESS PO BOX 1231 Bay berr Ln, Ocean Reef Wub STREET ADDRESS CiTY-ST-ZiP **KEMAH, TX 77565** CITY-ST-7IP TITLE ☐ Delete TITLE NAME HALL, CHARLES NAME STREET ADDRESS 87247 SYDNAM LANE 626 C' Admiral Dr STREET ADDRESS CITY-ST-ZIP BANDON, OR 97411 C/TY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

vovce

SIGNATURE:

FILED