


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 768763 1. Entity Name CENTRAL FLORIDA CRUISE CLUB INC.	
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Principal Place of Business JOE'S CRAB SHACK 4601 S SEMORAN BLVD ORLANDO, FL 32822 US	Mailing Address P.O. BOX 453411 KISSIMMEE, FL 34745 US
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04262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MASSICOTTE, VICKI 1201 E. LAKE SHORE BLVD KISSIMMEE, FL 34744	DO NOT WRITE IN THIS SPACE
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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
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BALDWIN, DANNY 640 VISCAYA AVE ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, FRED 4187 CONWAY PL CIR ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MASSICOTTE, VICKI 1201 E LAKE SHORE BLVD KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAPIDO, KAREN 2553 OAK HOLLOW DR KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRAUGER, TERRY 430 BUTLER STREET WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCH, ED 1163 BALTIC LANE WINTER SPRINGS, FL 32708

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05/17/07-80082-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: *Vicki Massicotte* Vicki Massicotte 4/24/07 321-624-0199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #