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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

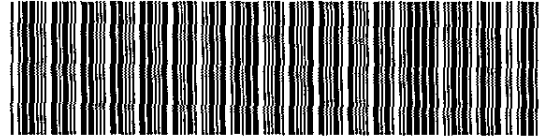
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JAN 10 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cruising Solutions

(Name of Foreign Limited Partnership)

Dear Sir or Madam:

The enclosed application, affidavit and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bradd Wilson

(Name of Person)

Cruising Solutions

(Firm/Company)

2769 NW 34th Street

(Address)

Boca Raton, FL 33434

(City/State and Zip Code)

For further information concerning this matter, please call:

Bradd Wilson

(Name of Person)

at (561) 414-1438

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2005

BRADD WILSON
2769 NW 34TH STREET
BOCA RATON, FL 33434

SUBJECT: CRUISING SOLUTIONS
Ref. Number: W05000055086

We have received your document for CRUISING SOLUTIONS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must add a limited partnership suffix to the name, such as LTD., LIMITED, or LIMITED PARTNERSHIP.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 705A00071945

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Cruising Solutions LTD.
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

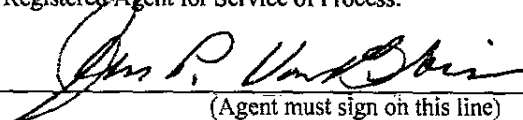
3. Ontario, Canada 4. November 1999
(State of Formation) (Date of Formation)

5. John Van Blois
(Name of Registered Agent for Service of Process)

6. 550 NE 14th Street
(Street Address of Registered Office)

Boca Raton, Florida 33432
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:


(Agent must sign on this line)

8. 13 Strathcona Drive, PO Box 1195

Fonthill, Ontario Canada L0S 1E0
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Bradd Wilson 13 Strathcona Dr., Box 1195, Fonthill, ON L0S 1E0

10. Cruising Solutions^{LTD.}, 13 Strathcona Dr. Box 1195, Fonthill, ON Canada L0S 1E0
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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TALLAHASSEE, FLORIDA

12. Cruising Solutions, 13 Strathcona Drive, PO Box 1195

Fonthill, Ontario Canada L0S 1E0

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 7th day of December, 2005

[Signature]
General Partner

STATE OF Florida

COUNTY OF Palm Beach

On this 7th day of December, 2005

Bradd Wilson, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

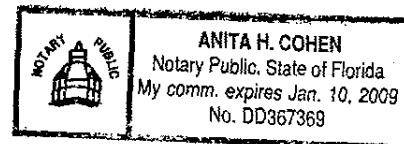
[Signature]
(Notary Public Signature)

ANITA H. COHEN
(Notary's Printed Name)

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TALLAHASSEE, FLORIDA

Seal

My Commission Expires: 1/10/09




AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Bradd Wilson
a general partner of Cruising Solutions LTD., a (an) Canadian
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,000.00.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 7th day of December, 2005.


General Partner

STATE OF Florida

COUNTY OF Palm Beach

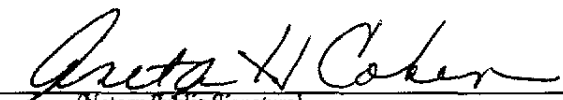
On this 7th day of December, 2005

Bradd Wilson, personally appeared before me,

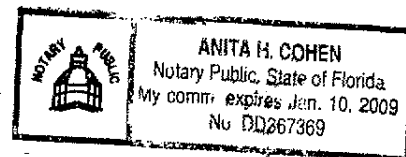
☒ who is personally known to me

☐ whose identity I proved on the basis of _____

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TALLAHASSEE, FLORIDA


(Notary Public Signature)

ANITA H COHEN
(Notary's Printed Name)



Seal

My Commission Expires: 1/10/09