

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001696

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: PRINCESS CRUISE LINES, LTD. (CORP.)

## Current Principal Place of Business:

24305 TOWN CENTER DRIVE  
SANTA CLARITA, CA 91355 US

## New Principal Place of Business:

## Current Mailing Address:

24305 TOWN CENTER DRIVE  
BUILDING 5/LEGAL  
SANTA CLARITA, CA 91355 US

## New Mailing Address:

FEI Number: 98-0215899      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: SMITH, LORI  
Address: 14 PAR LA VILLE ROAD  
City-St-Zip: HAMILTON, BE HMJX BE

Title: CPD ( ) Delete  
Name: BUCKELEW, ALAN B  
Address: 24305 TOWN CENTER DRIVE  
City-St-Zip: SANTA CLARITA, CA 91355 US

Title: ASD ( ) Delete  
Name: JONES, ARTHUR E.M.  
Address: 14 PAR LA VILLE ROAD  
City-St-Zip: HAMILTON, BE HM JX BE

Title: ASD ( ) Delete  
Name: KAUFMAN, ANTHONY H  
Address: 24305 TOWN CENTER DRIVE  
City-St-Zip: SANTA CLARITA, CA 91355 US

Title: D ( ) Delete  
Name: BROWN, DEAN C  
Address: 24305 TOWN CENTER DRIVE  
City-St-Zip: SANTA CLARITA, CA 91355 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: DURRANT, SHELLEY  
Address: PAR LA VILLE PL, 14 PAR LA VILLE ROAD  
City-St-Zip: HAMILTON, BE HMJX BE

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO ( ) Change (X) Addition  
Name: HOWIE, TIMOTHY  
Address: 24305 TOWN CENTER DRIVE  
City-St-Zip: SANTA CLARITA, CA 91355 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONI MORALES

CORP

04/15/2009

Electronic Signature of Signing Officer or Director

Date