

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000003936

FILED
Oct 13, 2005
Secretary of State

Entity Name: CRUISE CONNECTIONS INTERNATIONAL, INC.

Current Principal Place of Business:

1422 S. STRATFORD RD.
WINSTON-SALEM, NC 27103

New Principal Place of Business:

1418B S. STRATFORD RD.
WINSTON-SALEM, NC 27103

Current Mailing Address:

1422 S. STRATFORD RD.
WINSTON-SALEM, NC 27103

New Mailing Address:

1418B S. STRATFORD RD.
WINSTON-SALEM, NC 27103

FEI Number: 56-2004843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARMANEN, PHILLIP
2603 SUMMER TREE RD. EAST
JACKSONVILLE, FL 32246 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: PHILLIP WARMANEN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: SLOANE, MICHAEL T
Address: 1422 S. STRATFORD RD.
City-St-Zip: WINSTON-SALEM, NC 27103

Title: ST () Delete
Name: SLOANE, KATHRYN A
Address: 1054 KESWICK LANE
City-St-Zip: CLEMMONS, NC 27012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: SLOANE, MICHAEL T
Address: 1418B S. STRATFORD RD.
City-St-Zip: WINSTON-SALEM, NC 27103

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL T SLOANE

PRES

10/13/2005

Electronic Signature of Signing Officer or Director

Date