2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000002756 FILED DISCOVERY CRUISES (INTERNATIONAL) CO. 06 AUG 22 P. 2: 44 Principal Place of Business Mailing Address LYNNEM HOUSE, 1 VICTORIA WAY, BURGESS HILL LYNNEM HOUSE, 1 VICTORIA WAY, BURGESS HIL WEST SUSSEXX RH 15, 9NF WEST SUSSEXX RH 15, 9NF UNITED KINGDOM, UNITED KINGDOM, 07132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent PENINSULA REGISTERED AGENTS, INC. DO NOT WRITE 200 S. BISCAYNE BLVD. #4100 MIAMI, FL 33131 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Added to Fees Trust Fund Contribution Due by September 6, 2006 OFFICERS AND DIRECTORS 10. TITLE BUCKLEY PETER NAME LYNNEM HOUSE, 1 VICTORIA WAY, BURGESS HILL STREET ADDRESS UNITED KINGDOM, CITY-ST-ZIP NAME CRAIG, BARRY G 200 S. BISCAYNE BOULEVARD, SUITE 4100 STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP TITLE ALLARD, ROGER NAME STREET ADDRESS LYNNEM HOUSE, 1 VICTORIA WAY, BURGESS HILL DO NOT WRITE UNITED KINGDOM, CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 executive this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

Buckley