

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 0
Secretary of

DOCUMENT # F05000002756

1. Entity Name

DISCOVERY CRUISES (INTERNATIONAL) CO.



Principal Place of Business

LYNNEM HOUSE, 1 VICTORIA WAY, BURGESS HILL
WEST SUSSEX RH 15, 9NF
UNITED KINGDOM, XX

Mailing Address

LYNNEM HOUSE, 1 VICTORIA WAY, BURGESS HILL
WEST SUSSEX RH 15, 9NF
UNITED KINGDOM, XX



04122007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BLVD. #4100
MIAMI, FL 33131

**DO NOT WRITE
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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	BUCKLEY, PETER
STREET ADDRESS	LYNNEM HOUSE, 1 VICTORIA WAY, BURGESS HILL
CITY-ST-ZIP	UNITED KINGDOM,

TITLE	AS
NAME	CRAIG, BARRY G
STREET ADDRESS	200 S. BISCAYNE BOULEVARD, SUITE 4100
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	D
NAME	ALLARD, ROGER
STREET ADDRESS	LYNNEM HOUSE, 1 VICTORIA WAY, BURGESS HILL
CITY-ST-ZIP	UNITED KINGDOM,

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/30/07-80052-024 150.00

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 607, 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:

Peter Buckley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07

Date

01444 462 105

Daytime Phone #