


May 08, 2008 03

Secretary of S

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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
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04292008 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUCKLEY, PETER LYNNEM HOUSE, 1 VICTORIA WAY, BURGESS HILL UNITED KINGDOM,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CRAIG, BARRY G 200 S. BISCAYNE BOULEVARD, SUITE 4100 MIAMI, FL 33131
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLARD, ROGER LYNNEM HOUSE, 1 VICTORIA WAY, BURGESS HILL UNITED KINGDOM,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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06/03/08-80052-001-550.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29/4/08

Date

01444 462105

Daytime Phone S