

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005967

Entity Name: CARNIVAL PLC (CO.)

FILED
May 05, 2006
Secretary of State

Current Principal Place of Business:

24303 TOWN CENTER DRIVE
VALENCIA, CA 91355

New Principal Place of Business:

Current Mailing Address:

24303 TOWN CENTER DRIVE
VALENCIA, CA 91355

New Mailing Address:

FEI Number: 98-0357772

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: CCEO () Delete
Name: ARISON, MICKY
Address: 3655 N.W. 87TH AVENUE
City-St-Zip: MIAMI, FL 33178

Title: VC () Delete
Name: FRANK, HOWARD
Address: 3655 N.W. 87TH AVENUE
City-St-Zip: MIAMI, FL 33178

Title: COO () Delete
Name: FRANK, HOWARD
Address: 3655 N.W. 87TH AVENUE
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: RATCLIFFE, PETER G
Address: 24303 TOWN CENTER DRIVE
City-St-Zip: VALENCIA, CA 91355

Title: S () Delete
Name: PEREZ, ARNALDO
Address: 3655 N.W. 87TH AVENUE
City-St-Zip: MIAMI, FL 33178

Title: CFO () Delete
Name: CAHILL, GERALD
Address: 3655 N.W. 87TH AVENUE
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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:

I hereby certify that the information supplied with this filing does not qualify for the 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: P RATCLIFFE/RLM

D

05/05/2006

Electronic Signature of Signing Officer or Director

Date