

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007094

FILED
Apr 28, 2009
Secretary of State

Entity Name: CRUISETUBE LIMITED, A DELAWARE CORPORATION

Current Principal Place of Business:

555 WILSON AVENUE
TORONTO, ONTARIO M35 5Y6, XX XXXXXXXX XX

New Principal Place of Business:

Current Mailing Address:

555 WILSON AVENUE
TORONTO, ONTARIO M35 5Y6, XX XXXXXXXX XX

New Mailing Address:

555 WILSON AVENUE
TORONTO, ONTARIO M35 5Y6, XX XXXXXXXX XX

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKO, DAVID E
3001 THIRD AVENUE
MIAMI, FL 33129 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: DP () Delete
Name: SHEPPARD, THOMAS
Address: 488 HERON ST.
City-St-Zip: TORONTO, ONTARIO M5R 2R3, XX

Title: DST () Delete
Name: ROONEY, PETER
Address: 376 KENNEDY ST. WEST
City-St-Zip: AURORA, ONTARIO L4G 5M6, XX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: THOMAS SHEPPARD

DP

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date