## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000004716

Entity Name: CRUISESHIPCENTERS USA INC.

FILED Feb 11, 2008 Secretary of State

| Current Principal Place of Business:   |   |  |  | New Principal Place of Business:                                   |                                   |
|--|---|--|--|--|-----------------------------------|
| SUITE O-1  | TH STREET<br>1<br>, WA 98008                                |  |  |  |                                   |
| Current Mailing Address:   |   |  |  | New Mailing Address:   |                                   |
| 3150 - 139TH AVENUE SE<br>BELLEVUE, WA 98005   |   |  |  | 3150 - 139TH AVENUE SE<br>ATTN: FRANK AUSTIN<br>BELLEVUE, WA 98005 |                                   |
| FEI Number:  | 39-2053103  | FEI Number Applied For ( )                 | FEI Num                                      | ber Not Applicable ( )   | Certificate of Status Desired ( ) |
| Name and   | Address of Cเ   | ırrent Registered Agent:                   |  | Name and Address   | of New Registered Agent:          |
| NRAI SERVICES, INC.<br>2731 EXECUTIVE PARK DRIVE<br>SUITE 4<br>WESTON, FL 33331 US   |   |  |  |  |                                   |
| 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 Agen               | t  |  | Date                              |
| Election Cam   | paign Financing   | Trust Fund Contribution ( ).               |  |  |                                   |
| OFFICERS AND DIRECTORS:  |   |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |                                   |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | TRYGG, ERIC   | Delete<br>T HASTINGS STREET<br>C, V6E 2E9, |  | Title:<br>Name:<br>Address:<br>City-St-Zip:                        | ( ) Change ( ) Addition           |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | DREVER, MICHA   | T HASTINGS STREET                          |  | Title:<br>Name:<br>Address:<br>City-St-Zip:                        | () Change () Addition             |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | DREVER, MICHA   | T HASTINGS STREET                          |  | Title:<br>Name:<br>Address:<br>City-St-Zip:                        | () Change () Addition             |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | SD () [<br>KALVERT, SETH<br>3150 - 139TH AV<br>BELLEVUE, WA | ENUE SE                                    |  | Title:<br>Name:<br>Address:<br>City-St-Zip:                        | () Change () Addition             |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | D () EREVELLE, GREG<br>3150 - 139TH AV<br>BELLEVUE, WA      | ENUE SE                                    |  | Title:<br>Name:<br>Address:<br>City-St-Zip:                        | ( ) Change ( ) Addition           |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | D ()E<br>FRITZ, GARY<br>3150 - 139TH AV<br>BELLEVUE, WA     |  |  | Title:<br>Name:<br>Address:<br>City-St-Zip:                        | () Change () Addition             |

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: SETH KALVERT SD 02/11/2008