## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000004716

Entity Name: CRUISESHIPCENTERS USA INC.

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
SUITE O-11	TH STREET , WA 98008						
Current Mailing Address:				New Mailing Address:			
ATTN: FRA	TTN: FRANK AUSTIN			ATTN: LEGAL DEPT., LORI HAGSTROM 333 108TH AVENUE NE BELLEVUE, WA 98004			
FEI Number: 3	39-2053103	FEI Number Applied For ( )	FEI Num	ber Not Applic	cable ( )	Certificate of	of Status Desired ( )
Name and	Address of Cu	rrent Registered Agent:		Name and A	Address of	New Regist	ered Agent:
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 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 Agent				Da	te
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	TRYGG, ERIC	Pelete FHASTINGS STREET C, V6E 2E9,		Title: Name: Address: City-St-Zip:	(	) Change()/	Addition
Title: Name: Address: City-St-Zip:	DREVER, MICHA	THASTINGS STREET		Title: Name: Address: City-St-Zip:	(	) Change()	Addition
Title: Name: Address: City-St-Zip:	DREVER, MICHA	THASTINGS STREET		Title: Name: Address: City-St-Zip:	(	) Change ( ) /	Addition
Title: Name: Address: City-St-Zip:	SD () C KALVERT, SETH 3150 - 139TH AVI BELLEVUE, WA	ENUE SE		Title: Name: Address: City-St-Zip:	SD (X KALVERT, SE 333 108TH AV BELLEVUE, W	TH 'ENUE NE	Addition
Title: Name: Address: City-St-Zip:	D () C REVELLE, GREG 3150 - 139TH AVI BELLEVUE, WA	ENUE SE		Title: Name: Address: City-St-Zip:	D (X REVELLE, GR 333 108TH AV BELLEVUE, W	ENUE NE	Addition
Title: Name: Address: City-St-Zip:	D () E FRITZ, GARY 3150 - 139TH AVI BELLEVUE, WA			Title: Name: Address: City-St-Zip:	D (X FRITZ, GARY 333 108TH AV BELLEVUE, W		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: AMY E. WEAVER VP 03/20/2009