## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000004489

City-St-Zip:

RAPID CITY, SD 57702

FILED Jul 01, 2005 Secretary of State

Entity Name: CONCORDE CRUISES, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
3290 LIEN RAPID CIT	STREET Y, SD 57702				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
3290 LIEN RAPID CIT	STREET Y, SD 57702				
FEI Number:	46-0448799	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of I	Name and Address of New Registered Agent:	
HUDSON, PHILLIP M III BRICKELL BAYVIEW CENTRE STE 3100, 81 SW 8TH ST. MIAMI, FL 33130 US			HUDSON, PHILLIP M III 201 SOUTH BISCAYNE SUITE 400 MIAMI, FL 33131 US	201 SOUTH BISCAYNE BLVD SUITE 400	
The above in the State		submits this statement for the pu	rpose of changing its registered of	office or registered agent, or both,	
SIGNATURE:				07/01/2005	
	Electro	nic Signature of Registered Ager	nt	Date	
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (X BAUM, JERRY 3290 LIEN STE RAPID CITY, S	REET	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	VSC ( LIEN, BRUCE I 3290 LIEN STE RAPID CITY, S	REET	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name:	VC ( LIEN, DEANNA 3290 LIEN STE		Title: ( Name: Address:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: BRUCE H. LIEN VSC 07/01/2005