

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004947

FILED
May 05, 2006
Secretary of State

Entity Name: CUNARD LINE LIMITED CO.

Current Principal Place of Business:

24303 TOWN CENTER DRIVE
SUITE 200
VALENCIA, CA 91355 US

New Principal Place of Business:

Current Mailing Address:

24303 TOWN CENTER DRIVE
SUITE 200/LEGAL DEPT.
VALENCIA, CA 91355 US

New Mailing Address:

FEI Number: 94-3151065 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: CD () Delete
Name: RATCLIFFE, PETER G
Address: 24303 TOWN CENTER DRIVE, SUITE 200
City-St-Zip: VALENCIA, CA 91355 US

Title: COO () Delete
Name: BUCKELEW, ALAN B
Address: 24303 TOWN CENTER DRIVE, SUITE 200
City-St-Zip: VALENCIA, CA 913555

Title: D () Delete
Name: DINGLE, DAVID
Address: RICHMOND HOUSE, TERMUNIS TERRACE
City-St-Zip: SOUTHAMPTON, UK SO14 3PN UK

Title: D () Delete
Name: JONES, EDWARD
Address: RICHMOND HOUSE, TERMUNIS TERRACE
City-St-Zip: SOUTHAMPTON, UK SO14 3PN UK

Title: D () Delete
Name: ARKINSTALL, A. CHARLES
Address: RICHMOND HOUSE, TERMINUS TERRACE
City-St-Zip: SOUTHAMPTON, UK SO14 3PN UK

Title: S () Delete
Name: ASHFORD, MICHAEL
Address: CLARENDON HOUSE, P.O. BOX HM 1022
City-St-Zip: HAMILTON, BERMUDA, BE HM DX BE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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

CD

05/05/2006

Electronic Signature of Signing Officer or Director

_____ Date