


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90026 020 \*\*\*150.00

<b>DOCUMENT # H51971</b> 1. Entity Name 1 800 CRUISES, INC.	
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Principal Place of Business 220 CONGRESS PARK DRIVE SUITE 125 DELRAY BEACH, FL 33445	Mailing Address 220 CONGRESS PARK DRIVE SUITE 125 DELRAY BEACH, FL 33445
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34041001

2. Principal Place of Business 100 SYLVAN ROAD Suite, Apt. #, etc. SUITE 600	3. Mailing Address 100 SYLVAN ROAD Suite, Apt. #, etc. SUITE 600
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03222004 Chg-P CR2E034 (10/03)

City & State WOBBURN MA	City & State WOBBURN MA	4. FEI Number 59-2523549	Applied For Not Applicable
Zip 01801	Country MIDDLESEX	Zip 01801	Country MIDDLESEX

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BLOODWORTH, JOHN M 220 CONGRESS PARK DRIVE DELRAY BEACH, FL 33445	7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD City PLANTATION FL Zip Code 33324
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Shirley White Asst. Secretary 3/23/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLOODWORTH, JOHN M 220 CONGRESS PARK DRIVE DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOWELL, AARON 100 SYLVAN ROAD, SUITE 600 WOBBURN MA 01801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD DOYLE, PATRICK 220 CONGRESS PARK DRIVE DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FEASTNER BRADLEY 100 SYLVAN ROAD, SUITE 600 WOBBURN MA 01801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MARAIST, ROBERT J 220 CONGRESS PARK DRIVE DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPOHN STEPHEN 100 SYLVAN ROAD, SUITE 600 WOBBURN MA 01801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: AAH CFO 3/24/04 617-587-6720  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #