


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # H89008
 1. Entity Name
CRUISING GUIDE PUBLICATIONS, INCORPORATED



Principal Place of Business Mailing Address
 1130B PINEHURST RD. P.O. BOX 1017
 DUNEDIN, FL 34698 US DUNEDIN, FL 34697 US

DO NOT WRITE IN THIS SPACE



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2616761 Not Applicable

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

6. Name and Address of Current Registered Agent
SCOTT, NANCY LEE
2418 SUMMERWOOD CT.
DUNEDIN, FL 34698

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SCOTT, NANCY LEE 2418 SUMMERWOOD CT. DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, SIMON PETER 2418 SUMMERWOOD CT. DUNEDIN, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *Nancy Lee Scott* Nancy Lee Scott April 17, 2006 (727)733-5322
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #