2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# L04000018621

Entity Name: SOVEREIGN CHRISTIAN CRUISES, L.L.C.

Current Principal Place of Business:

118 WOODLAND CT
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

118 WOODLAND CT
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 06-1720164 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
401 E. JACKSON STREET, SUITE 1700
TAMPA, FL 33602 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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: O'FALLON, MICHAEL W MR.
Address: 118 WOODLAND CT
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGRM ( ) Delete
Name: O'FALLON, SAU F MRS.
Address: 118 WOODLAND CT
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGRM ( ) Delete
Name: KIANG, CATHY A MISS
Address: 5650 BAYSIDE DRIVE
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
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 exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SAU O'FALLON MGRM 04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date