2008 FOR PROFIT CORPORATION

FILED Mar 26, 2008 08:00 AN **ANNUAL REPORT** Secretary of State DOCUMENT # L41584 1. Entity Name MAJESTIC STEAMSHIP LINES INC. Principal Place of Business Mailing Address CHRISTIE'S LANDING CHRISTIE'S LANDING NEW PORT, RI 02840 NEW PORT, RI 02840 CR2E034 (11/05) 01072008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0390430 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAAVEDRA, JOSE A DO NOT WRITE 5975 SUNSET DRIVE MIAMI, FL 33143 IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE GLASSIE, DONELSON C. NAME U00000870357 04/09/08-80086-013 150.00 STREET ADDRESS CHRISTIE'S LANDING CITY-ST-ZIP NEW PORT, RI TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZiP

12. I hereby certify that the information supplied with this filing does not qualify to the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

SIGNATURE:

TITLE NAME STREET ADDRESS -CITY-ST-ZIP

Daylime Phone #