

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000023864

FILED
May 29, 2007
Secretary of State

Entity Name: ALL ABOARD CRUISE AND TOW, INC.

Current Principal Place of Business:

404 WEST 4TH STREET
CARRABELLE, FL 32322

New Principal Place of Business:

Current Mailing Address:

PO BOX 1041
CARRABELLE, FL 32322

New Mailing Address:

FEI Number: 59-3630518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOEGEL, AMY L PRES
PO BOX 1041
CARRABELLE, FL 32322 US

Name and Address of New Registered Agent:

NOEGEL, AMY L PRES
404 WEST 4TH STREET
CARRABELLE, FL 32322 US

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: AMY L NOEGEL

05/29/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: NOEGEL, AMY L PRES
Address: PO BOX 1041 / 404 WEST 4TH STREET
City-St-Zip: CARRABELLE, FL 32322 US

Title: VP () Delete
Name: COHOON, RUSSELL VP
Address: PO BOX 1041 / 404 WEST 4TH STR
City-St-Zip: CARRABELLE, FL 32322 US

Title: D () Delete
Name: DOCKHAM, FRED
Address: P.O BOX 433
City-St-Zip: PANACEA, FL 323460433 US

Title: D () Delete
Name: SNYDER, RUBY
Address: 14 RIVER DRIVE
City-St-Zip: OCHLOCKONEE BAY, FL 32346 US

Title: D () Delete
Name: BROWN, STEVE
Address: PO BOX 9
City-St-Zip: PANACEA, FL 32346 US

Title: D () Delete
Name: BROWN, KATHI
Address: PO BOX 9
City-St-Zip: PANACEA, FL 32346 US

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
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 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: AMY L NOEGEL

PRES

05/29/2007

Electronic Signature of Signing Officer or Director

Date