## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT** FILED **DOCUMENT # P01000026235** May 01, 2006 08:00 Al **Secretary of State CRUISE & TRAVEL WORLD INC** Mailing Address Principal Place of Business 1790 BARNSTABLE ROAD 1790 BARNSTABLE ROAD WELLINGTON, FL 33414 WELLINGTON, FL 33414 CR2E034 (11/05) 04282006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1086626 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAGO, TERESITA DO NOT WRITE 1790 BARNSTABLE ROAD WELLINGTON, FL 33414 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. SIGNATURE. (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS n TITLE LAGO, TERESITA NAME 1790 BARNSTABLE ROAD STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 TITLE U00000554288 NAME 05/15/06-80086-014 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 of the corporation or the received

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PIRECYOR

Date