2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2005 8:00 am Secretary of State

Mailing Address P. O. BOX 5533 DETIN, FL 32541 P. O. BOX 5533 D. BOX 5533 D. BOX 5533 D. BOX 5533 D. BOX 55333 D. BOX 5533 D. BOX 5533 D. BOX 5533 D. BOX 5533 D. BOX 55333 D. BOX 55333 D. BOX 5533	DOCUMENT # P02000064613 1. Entity Name SWEETHEART CRUISES, INC.							03-07-2	2005 9028	8 002 **	*150.00
2 Destin, R. 32541 2. Principal Place of Business Suita, Apr. 4. etc. Suita, App. 4. etc. Suita, Apr. 4. etc.	Principal Plac	e of Business	Mailing Address					•	51	111225	24
Suite, Apt. #, etc. Suite, Ap	210 A.HWY. 98 EAST		P. O. BOX 5533							00000	104
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S. Hame and Address of Current Registered Agent Name	つると	Country SA	Zip	Cour	ntry				ed 🗋	\$8.75 Ad	ditional
Signet Addiges (Pig Box Nymber is INM Acceptable) Signet Signet (Pig Box Nymber is INM Acceptable) Signet (Pig Box Nymbe		6. Name and Address of Current I	Registered Agent				7. Name and	Address of Ne	w Registered		-
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B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature hybrid prived rathed registered agent and the 1 applicable. PILE NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INE NAME WINDES, CHARLES K JR SIRET ADDRESS CITY-SI-2P DESTIN, FL 32541 Delete NAME SIRET ADDRESS CITY-SI-2P TOTAL ADDRESS CITY-SI-2P CITY-SI-2P DESTIN FL 32541 CITY-SI-2P DESTIN FL 32541 CITY-SI-2P CITY-S	210A-HWY: 98 EAST		•						able		
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After May 1, 2005 Fee will be \$350.00 Trust Fund Contribution.		Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E Registere	d Agent signet	ure required	when reinstating)		DATE		
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		certify that the information supplied with	this filing does not qualify for			l	tion 119 07/2V	i) Florida Statut	or I further se	rifi, that the !-	of or motion

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: _

SCHATURE AND TYPED DIAGRATED NAME OF SIGNING OFFICER OR DIRECTOR