2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094155

Entity Name: WINDWARD ISLANDS CRUISING USA COMPANY

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	T ROYALE BL	.VD			
434 FORT LAU	JDERDALE, F	L 33308			
	,		Now Mailing Addres		
Current Mailing Address:			New Mailing Address:		
3101 PORT ROYALE BLVD			2213 E ATLANTIC BLVD POMPANO BEACH. FL 33062		
434 FORT LAUDERDALE, FL 33308			FOIVIFAINO DEACH, FL 33002		
FEI Number	: 20-0189623	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address of New Registered Agent:		
	MICHAEL LANTIC BLVE O BEACH, FL				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title:	PD () Delete	Title:	() Change () Addition	
Name:	PERTUISOT, E		Name:		
Address:		DYALE BLVD #434	Address:		
City-St-Zip:	FORT LAUDER	RDALE, FL 33308	City-St-Zip:		
Title:	VD () Delete	Title:	() Change () Addition	
Name:	DOPPLER, DA	•	Name:	() =	
Address:		DYALE BLVD # 434	Address:		
City-St-Zip:		RDALE, FL 33308	City-St-Zip:		
Title:	SD () Delete	Title:	() Change () Addition	
Name:	BUHR, KATHL		Name:		
Address:	,	DYALE BLVD #434	Address:		
City-St-Zip:		RDALE, FL 33308	City-St-Zip:		
Title:	TD () Delete	Title	() Change () Addition	
) Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

	SIGNATURE:	EMMANUEL PERTUISOT	PD	04/28/2005
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3101 PORT ROYALE BLVD #434

FORT LAUDERDALE, FL 33308

Address:

City-St-Zip: