2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094155

City-St-Zip:

TD

Title:

Name:

Address:

City-St-Zip:

FORT LAUDERDALE, FL 33308

MARCHAEL, MICHELE E

(X) Delete

3101 PORT ROYALE BLVD #434

FORT LAUDERDALE, FL 33308

WINDWARD ISLANDS CRUISING USA COMPANY

FILED Apr 28, 2006 Secretary of State

Entity Nan	ne: VVINDVVA	RD ISLANDS CRUISING USA	COMPANY				
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:			
	Γ ROYALE BL	V D					
434 FORT LAU	DERDALE, FL	33308					
Current Ma	ailing Addres	s:	New Mailing Address:				
2213 E ATLANTIC BLVD POMPANO BEACH, FL 33062			P.O. BOX 460014 FORT LAUDERDALE, FL 33346				
FEI Number:	20-0189623	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired	d ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	MICHAEL LANTIC BLVD BEACH, FL	33062 US					
The above in the State		submits this statement for the p	ourpose of changing	ts registered	office or registered agent,	or both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Age	ent	Date			
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title:	PD ()	Delete	Title:	PD	(X) Change () Addition		
Name:	PERTUISOT, EI	MMANUEL	Name:	PERTUISOT,	EMMANUEL		
Address:	3101 PORT RO	YALE BLVD #434	Address:	P.O. BOX 46	0014		
City-St-Zip:	FORT LAUDER	DALE, FL 33308	City-St-Zip:	FORT LAUDE	ERDALE, FL 33346		
Title:	VD ()	Delete	Title:	VD	(X) Change ()Addition		
Name:	DOPPLER, DAN		Name:	DOPPLER, D			
Address:		YALE BLVD # 434	Address:	P.O. BOX 46			
City-St-Zip:	FORT LAUDER	DALE, FL 33308	City-St-Zip:	FORT LAUDE	ERDALE, FL 33346		
Title:	SD ()	Delete	Title:	SD	(X) Change () Addition		
Name:	BUHR, KATHLE		Name:	CAPOT, OLIV			
A al alue a a .	2404 DODT DO	VALE BLVD #404	A alaba a a - ·	4004 NE 40 (CT CT		

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FORT LAUDERDALE, FL 33308

() Change () Addition

SIGNATURE: EMMANUEL PERTUISOT PD 04/28/2006