2006 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 30, 2006 08:00 Al Secretary of State DOCUMENT # P04000051693 1. Entity Name TREASURE ISLAND CRUISES, INC. Principal Place of Business Mailing Address 1550 MCMULLEN BOOTH RD. F3 1550 MCMULLEN BOOTH RD. F3 #145 #145 CLEARWATER, FL 33759 CLEARWATER, FL 33759 05052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0909651 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LONG, HERBERT C DO NOT WRITE 2531 LANDMARK DR. **SUITE 205** IN THIS SPACE CLEARWATER, FL 33761 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. U00000575683 08/30/06-80005-003 8.75 SIGNATURE. Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 10. OFFICERS AND DIRECTORS TITLE NAME ROSATI, GUY U00000575683 STREET ADDRESS 2655 ULMERTON RD. #112 08/30/06-80005-004 150.00 CLEARWATER, FL 33762 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

7/29/06

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