2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL	IEPONI (AN		Mar. 20, 2007, 00.00 AM	
DOCUMENT # P04000116776 1. Entity Name CARPE DIEM CRUISES INC.				Mar 20, 2006 08:00 AM Secretary of State	
CARPE D	HEM CHUISES INC.				
Principal Place of Business Mailing Address					
2744 70TH SOUTH ST PETERSBURG FL 33712 2. Procupal Place at Business		2744 70TH SOUTH ST PETERSBURG FL 3	3712		
2. Principal Place of Business		3. Mailing Address) (1482 - 177 - 1782 - 1782 - 1782 1782	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)	
City & State		City & State		4. FEI Number 06-1731237 Applied For Not Applied	
Zip	Country	Zıp	Country	5. Certificate of Status Desirod \$8.75 Additional Fee Required	
	6. Name and Address of Curren	nt Registered Agent		7. Name and Address of New Registered Agent	
			Name		
City & State Zip Country 6. Name and Address of Curre SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 8. The above named entity submits this statement the obligations of registered agent. SIGNATURE Signature: Superior present acree of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550. Make Check Payable to Florida Department OFFICERS AFTINE MCDONAUGH, CHARLES F STREELANDRESS 2744 70TH SOUTH		Street Addres	s (P.O. Box Number is Not Acceptable)		
			}		
			City	FL Zip Cade	
8. The above the obliga	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and acce	
SIGNATURE	Signature, typen ix printen name of registered age	rick and total applicable (NO)	E: Registered Agent signature requ	ngg when reass hang) DATE	
After	May 1, 2006 Fee Will Be \$550.0	00 State		9. Election Campaign Financing \$5.00 May 8 Trust Fund Contribution. Added to Fees	
			11.	ADUITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	· ·		NAME	- · · · ·	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19, 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.

SIGNATURE: CHARLOS F HODOWAY Cley

an

727-866-8422

FILED