## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000170792

Entity Name: FIRST CLASS/CRUISE VACATIONS INC

FILED Apr 28, 2008 Secretary of State

| Entity Na  | me: FIRST CI                      | LASS/CRUISE VACATIONS IN   | IC,   |   |   |          |  |
|--|-----------------------------------|--|---|---|---|----------|--|
| Current Principal Place of Business:                         |                                   |  | New Prince                                  | New Principal Place of Business:                  |   |          |  |
| 21950 W SOUNDVIEW TERRACE - UNIT 101<br>BOCA RATON, FL 33433 |                                   |  |   | 8227 W. ATLANTIC BLVD.<br>CORAL SPRINGS, FL 33071 |   |          |  |
| Current N  | lailing Addres                    | ss:  | New Maili                                   | New Mailing Address:                              |   |          |  |
| 21950 W SOUNDVIEW TERRACE - UNIT 101<br>BOCA RATON, FL 33433 |                                   |  |   | 8227 W. ATLANTIC BLVD.<br>CORAL SPRINGS, FL 33071 |   |          |  |
| FEI Number   | : 20-2130157                      | FEI Number Applied For ( )                                       | FEI Number Not App                          | licable ( )                                       | Certificate of Status Desired   | 1()      |  |
| Name and   | Address of C                      | Current Registered Agent:  | Name and                                    | Address   | of New Registered Agent:  |          |  |
| 21950 W S<br># 101<br>BOCA RA                                | CHRISTOPHE SOUNDVIEW TON, FL 3343 | ΓERR   | ourpose of changing                         | its reaistere                                     | ed office or registered agent o   | or both  |  |
|  | e of Florida.                     |  | surposs of changing                         | no regional                                       | a omee or registered agent, t   | J. 50th, |  |
| SIGNATUI   |                                   |  |   |   |   |          |  |
|  | Electror                          | nic Signature of Registered Age                                  | ent   |   | Date  |          |  |
| Election Car   | mpaign Financin                   | g Trust Fund Contribution ( ).                                   |   |   |   |          |  |
| OFFICER  | S AND DIREC                       | TORS:  | ADDITION                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:      |   |          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                  | GREENE, CHR                       | Delete<br>ISTOPHER M DR<br>NDVIEW TERRACE - UNIT 101<br>FL 33433 | Title:<br>Name:<br>Address:<br>City-St-Zip: |   | ( ) Change ( ) Addition   |          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                  | DANGER, REN                       | NDVIEW TERRACE - UNIT 101  | Title:<br>Name:<br>Address:<br>City-St-Zip: |   | (X) Change () Addition<br>RENE<br>RRARY DR UNIT 203<br>LL, FL 33319           |          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                  | GREENE, HOV                       | NDVIEW TERRACE - UNIT 101  | Title:<br>Name:<br>Address:<br>City-St-Zip: |   | (X) Change ( ) Addition<br>HOWARD<br>FICELLO BLVD.<br>) HEIGHTS, OH 44143     |          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                  | BURROWS, HU                       | NDVIEW TERRACE - UNIT 101  | Title:<br>Name:<br>Address:<br>City-St-Zip: | 4172 INVE   | (X) Change ( ) Addition<br>i, HURLINGTON<br>RRARY DR UNIT 203<br>LL, FL 33319 |          |  |

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

SIGNATURE: DR CHRISTOPHER GREENE P 04/28/2008