2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State
04-16-2007 90076 035 ***150.00

DOCUMENT # P05000106852

1. Entity Name
CRUISE MUSE, INC.

Principal Place of Business
~~2663 CALADIUM WAY~~
NAPLES, FL ~~34105~~ US

Mailing Address
2663 CALADIUM WAY
NAPLES, FL 34105 US

04052007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #: 5200 Brixton Ct
Suite, Apt. #, etc.
City & State: Naples FL
Zip: 34104 Country: USA

3. Mailing Address: 5200 Brixton Ct
Suite, Apt. #, etc.
City & State: Naples FL
Zip: 34104 Country: USA

4. FEI Number: 41-2210747 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LINDUNG, MARY BETH
~~2663 CALADIUM WAY~~ 5200 Brixton Ct
NAPLES, FL ~~34105~~ Naples FL 34104

NOTE: CHANGE OF ADDRESS

7. Name and Address of New Registered Agent

Name: Mary Beth Lindung
Street Address (P.O. Box Number is Not Acceptable): 5200 Brixton Ct
City: Naples **FL** Zip Code: 34104

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.

SIGNATURE: Mary Beth Lindung Mary Beth Lindung 4-4-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST LINDUNG, MARY BETH ~~2663 CALADIUM WAY~~ NAPLES, FL ~~34105~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5200 Brixton Ct Naples FL 34104
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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.

SIGNATURE: Mary Beth Lindung Mary Beth Lindung 239-659-4484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # ~~239-659-4484~~