

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000050119

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Entity Name:** AMERICA'S CRUISE CENTERS, INC.

**Current Principal Place of Business:**

1526 RIVERBEND DRIVE  
LABELLE, FL 33935

**New Principal Place of Business:**

1165 RIVERBEND DRIVE  
LABELLE, FL 33935

**Current Mailing Address:**

1526 RIVERBEND DRIVE  
LABELLE, FL 33935

**New Mailing Address:**

1165 RIVERBEND DRIVE  
LABELLE, FL 33935

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STILPHEN, PETER  
1526 RIVERBEND DRIVE  
LABELLE, FL 33935 US

**Name and Address of New Registered Agent:**

STILPHEN, PETER  
1165 RIVERBEND DRIVE  
LABELLE, FL 33935 US

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.

SIGNATURE:

02/14/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STILPHEN, PETER  
Address: 1165 RIVERBEND DRIVE  
City-St-Zip: LABELLE, FL 33935

I hereby 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 all other like empowered.

SIGNATURE: PETER STILPHEN

PRES

02/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date