

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended
FILED

04 MAY 13 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P34799 1. Entity Name VIRGIN LIGHTSHIPS, INC.					
Principal Place of Business 5728 MAJOR BOULEVARD SUITE 314 ORLANDO, FL 32819			Mailing Address 5728 MAJOR BOULEVARD SUITE 314 ORLANDO, FL 32819		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3076627	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OBRZUT, ANTHONY 5728 MAJOR BOULEVARD SUITE 314 ORLANDO, FL 32819				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP NAME EHLER, CHARLES STREET ADDRESS 5728 MAJOR BLVD., STE 314 CITY-ST-ZIP ORLANDO, FL 32819	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 600037285516 CITY-ST-ZIP 05/25/04--01010--007 **61.25		
TITLE ST NAME OBRZUT, ANTHONY STREET ADDRESS 5728 MAJOR BLVD STE 314 CITY-ST-ZIP ORLANDO, FL 32819	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS DIRECTOR/VICE PRESIDENT CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JAMES THIELE STREET ADDRESS 5728 MAJOR BLVD. CITY-ST-ZIP SUITE 314 ORLANDO, FLORIDA 32819		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			SECRETARY 04/27/04 363-7777 Date Daytime Phone #		