2004 FOR PROFIT CORPORATION

May 03, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P93000007244 1. Entity Name L.A. CRUISE, INC. Principal Place of Business Mailing Address 4738 OCEAN ST. 4738 OCEAN ST MAYPORT, FL 32233 MAYPORT, FL 32233 US 04302004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3170829 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILLIAMS, DEWAYNE DO NOT WRITE 4738 OCEAN STREET MAYPORT, FL 32233 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE WILLIAMS, DEWAYNE 4738 OCEAN ST. STREET ADDRESS Handaya er al-Karalas mendarak er (ö. 1941) CITY-ST-ZIP MAYPORT, FL 32233 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY - ST- ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED