

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000001232

Entity Name: DELUXE CRUISES, INC.

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

7040 W PALMETTO PARK RD #9  
BOCA RATON, FL 33433 US

## New Principal Place of Business:

20283 STATE ROAD 7  
SUITE 215  
BOCA RATON, FL 33498 US

## Current Mailing Address:

7040 W PALMETTO PARK RD #9  
BOCA RATON, FL 33433 US

## New Mailing Address:

20283 STATE ROAD 7  
SUITE 215  
BOCA RATON, FL 33489 US

FEI Number: 65-0550995

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARON, SAM  
7040 W. PALMETTO PARK ROAD # 9  
BOCA RATON, FL 33433 US

## Name and Address of New Registered Agent:

ARON, SAM M PRESIDE  
20283 STATE ROAD 7  
SUITE 215  
BOCA RATON, FL 33498 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: SAM M ARON

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HARDIN, GARY  
Address: 10378 COPPER LAKE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D ( ) Delete  
Name: ARON, SAM  
Address: 7040 W. PALMETTO PARK RD. # 9  
City-St-Zip: BOCA RATON, FL 33498

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ARON, SAM  
Address: 20283 STATE ROAD 7 SUITE 215  
City-St-Zip: BOCA RATON, FL 33498

I hereby certify that the information supplied with this filing does not qualify for the 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: SAM M. ARON

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date