

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000001232

Entity Name: DELUXE CRUISES, INC.

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

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

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

New Principal Place of Business:

1501 CORPORATE DRIVE
SUITE 125
BOYNTON BEACH, FL 33426 US

New Mailing Address:

1501 CORPORATE DRIVE
SUITE 125
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

ARON, SAM M PRESIDE
1501 CORPORATE DRIVE
SUITE 125
BOYNTON BEACH, FL 33426 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:

04/07/2009

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: 20283 STATE ROAD 7 SUITE 215
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HARDIN, GARY
Address: 1501 CORPORATE DRIVE SUITE 125
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D (X) Change () Addition
Name: ARON, SAM
Address: 1501 CORPORATE DRIVE SUITE 125
City-St-Zip: BOYNTON BEACH, FL 33426

I hereby certify that the information supplied with this filing does not qualify 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

04/07/2009

Electronic Signature of Signing Officer or Director

Date