


2004 FOR PROFIT CORPORATION
2005 ANNUAL REPORT (AR)

DOCUMENT # P97000008741			
1. Entity Name CRUISES AND MOORE, INC.			
Principal Place of Business 4129 W KENNEDY BLVD, SUITE 2 TAMPA FL 33609		Mailing Address 4129 W KENNEDY BLVD, SUITE 2 TAMPA FL 33609	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3427879		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAHMAN, A.M. SHEERIN 4846 TROYDALE RD TAMPA FL 33615		7. Name and Address of New Registered Agent 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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$550.00 Make Check Payable to Florida Department of State		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 NAME STREET ADDRESS CITY-ST-ZIP	P RAHMAN, A.M. SHEERIN 4129 W. KENNEDY BLVD, STE 2 TAMPA FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOORE, GENE H. 4129 W. KENNEDY BLVD, STE 2 TAMPA FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>A.M. Sheerin Rahman, President</i>		1/21/04 813/287-2311	
A.M. SHEERIN RAHMAN, President		Date Daytime Phone #	



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Toll Free (888) 279-4737
Fax: (813) 286-9618

Affiliated with: Caribbean Collection

June 29, 2005

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

RE: 2005 For Profit Corporation Annual Report
Cruises and Moore, Inc., Document #P97000008741

In reviewing our accounting records, we find that we have never received the form For the 2005 Annual Report. I am sending a copy of our 2004 form, along with our check for 2005; there are no changes. Are you no longer sending out the form for us to complete? Any questions, please advise.

Sincerely,

A. M. Sheerin Rahman, President