2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000022574

3145 VIRGINIA ST

MIAMI, FL 33133

Address: City-St-Zip:

FILED Jan 28, 2009 Secretary of State

| Entity Na | me: HERIT | AGE SCHOONER CRUISES, IN | IC. | | |
|--|---|----------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | of Business: | |
| 3145 VIRG MIAMI, FL | | | | | |
| Current Mailing Address: | | | New Mailing Addres | ss: | |
| 3145 VIRO MIAMI, FL | | | | | |
| FEI Number | : 65-0763112 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| MAGGIO, JOSEPH 3145 VIRGINIA ST MIAMI, FL 33133 US | | | BAYER, NEIL 3000 SHIPPING AVE | | |
| | | | , MIAMI, FL 33133 US | } | |
| | e named entit e of Florida. | y submits this statement for the | purpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATURE: NEIL BAYER | | | | 01/28/2009 | |
| | Electr | onic Signature of Registered Ag | gent | Date | |
| Election Ca | mpaign Financ | ing Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D MAGGIO, JC 3145 VIRGIN MIAMI, FL 3 | IIA ST | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D MAGGIO, BA 3145 VIRGIN MIAMI, FL 3 | IIA ST | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | D MAGGIO, DE | () Delete EAN | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: JOSEPH MAGGIO PD 01/28/2009