


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90166 039 \*\*\*150.00

<b>DOCUMENT # P99000105009</b>	
1. Entity Name <b>GRANDE ISLAND TOURS AND CRUISES, INC.</b>	

Principal Place of Business <b>5611 BURNHAM CT. NORTH FT. MYERS, FL 33903</b>	Mailing Address <b>5611 BURNHAM CT. NORTH FT. MYERS, FL 33903</b>
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40000862



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01052006 Chg-P CR2E034 (11/05)

City & State	City & State
Zip	Country

4. FEI Number <b>65-0970812</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>PETERSON, SCOTT D 5611 BURNHAM CT. NORTH FT. MYERS, FL 33903</b>	

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 _____	DATE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	<b>PERSONS, LISA A</b>
STREET ADDRESS	<b>P.O. BOX 1786</b>
CITY-ST-ZIP	<b>BOCA GRANDE, FL 33921</b>
TITLE	STD <input type="checkbox"/> Delete
NAME	<b>PETERSON, SCOTT D</b>
STREET ADDRESS	<b>5611 BURNHAM CT.</b>
CITY-ST-ZIP	<b>N. FT. MYERS, FL 33903</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>PETERSON, GINA M</b>
STREET ADDRESS	<b>5611 BURNHAM CT.</b>
CITY-ST-ZIP	<b>N. FT. MYERS, FL 33903</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERSONS, LISA A</b>
STREET ADDRESS	<b>P.O. BOX 97</b>
CITY-ST-ZIP	<b>Boca Grande, FL 33921</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____	1/5/06 941-964-2080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #