## 2006 FOR PROFIT CORPORATION
## ANNUAL REPORT

**DOCUMENT # V52700**

1. Entity Name
A + C CRUISES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 9000 SHERIDAN ST<br>STE 152<br>PEMBROKE PINES, FL  33024    US | 9000 SHERIDAN ST<br>STE 152<br>PEMBROKE PINES, FL  33024    US |

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01052006        No Chg-P        CR2E034 (11/05)

| 4. FEI Number<br>65-0346572 | Applied For<br>Not Applicable |
|---|---|
| 5. Certificate of Status Desired        ☐ | $8.75 Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

MANFRA, CINDY
11535 N QUAYSIDE DR
COOPER CITY, FL  33026

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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_____

Signature, typed or printed name of registered agent and title if applicable.       (NOTE: Registered Agent signature required when reinstating)        DATE

| **FILE NOW!!!  FEE IS $150.00**<br>**After May 1, 2006 Fee will be $550.00** | 9. Election Campaign Financing<br>Trust Fund Contribution.        ☐ | $5.00 May Be<br>Added to Fees | 0000004524 79<br>03/11/06 80028-012  150.00 |
|---|---|---|---|

**10.**       OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | MANFRA, CINDY |
| STREET ADDRESS | 11535 N QUAYSIDE DR |
| CITY-ST-ZIP | COOPER CITY, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** _Cindy Manfra_  Cindy Manfra  Pres  2-26-06  954-680-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR        Date        Daytime Phone #