

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # V52700

1. Entity Name
A + C CRUISES, INC.



Principal Place of Business
**9000 SHERIDAN ST
STE 152
PEMBROKE PINES, FL 33024 US**

Mailing Address
**9000 SHERIDAN ST
STE 152
PEMBROKE PINES, FL 33024 US**



02072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0346572	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

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

**DO NOT WRITE
IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**U00000665918
03/23/07-80049-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANFRA, CINDY 11535 N QUAYSIDE DR COOPER CITY, FL
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IN THIS SPACE**

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. D. 3-9-07 954680-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #