

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007094

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: CRUISETUBE LIMITED, A DELAWARE CORPORATION

**Current Principal Place of Business:**

555 WILSON AVENUE  
TORONTO, ONTARIO M35 5Y6, XX XXXXXXXX XX

**New Principal Place of Business:**

**Current Mailing Address:**

555 WILSON AVENUE  
TORONTO, ONTARIO M35 5Y6, XX XXXXXXXX XX

**New Mailing Address:**

555 WILSON AVENUE  
TORONTO, ONTARIO M35 5Y6, XX XXXXXXXX XX

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARKO, DAVID E  
3001 THIRD AVENUE  
MIAMI, FL 33129 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SHEPPARD, THOMAS  
Address: 488 HERON ST.  
City-St-Zip: TORONTO, ONTARIO M5R 2R3, XX

Title: DST ( ) Delete  
Name: ROONEY, PETER  
Address: 376 KENNEDY ST. WEST  
City-St-Zip: AURORA, ONTARIO L4G 5M6, XX

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: THOMAS SHEPPARD

DP

04/28/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date