State of Rhode Island
and Providence Plantations
Office of the Secretary of State

***A. Ralph Mollis,** Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: $50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
000162114	Expoships GP, Inc.			
3. Street Address Principal Business Office: 27598 RIVERVIEW CENTER BLVD		City: BONITA SPRINGS	State: FL	Zip: 34134
4. Business Phone No.: 239-949-5411	5. State of Incorporation: Flordia			

6. Brief Description of the Character of Business Conducted in Rhode Island: Exhibition Conventions

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

	President Name	Vice President Name
	David Lester	David Lester
Street Address	27598 RIVERVIEW CENTER BLVD	27598 RIVERVIEW CENTER BLVD
City / State / Zip	BONITA SPRINGS / FL / 34134	BONITA SPRINGS / FL / 34134
	Secretary Name	Treasurer Name
	David Lester	David Lester
Street Address	27598 RIVERVIEW CENTER BLVD	27598 RIVERVIEW CENTER BLVD
City / State / Zip	BONITA SPRINGS / FL / 34134	BONITA SPRINGS / FL / 34134

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

	Director Name	Director Name
	David Lester	
Street Address	27598 RIVERVIEW CENTER BLVD	
City / State / Zip	BONITA SPRINGS / FL / 34134	
	Director Name	Director Name
Street Address		
City / State / Zip		

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9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000,000	A	0.00
1,000,000	B	0.00

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000	A	0.00
None	B	0.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature *Date* 6/22/11

David Lester
Print or Type Name

[redacted] Director
Title

File Date
FILED
Check No.
JUN 23 2011
By:
FOR SECRETARY OF STATE USE ONLY

64892-4-640609

Form 630 Rev. 12/06