


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90013 029 ****70.00

DOCUMENT # N05000004469					
1. Entity Name UNIVERSITY COLLEGE OF THE CARIBBEAN FOUNDATION - U.S., INC.					
Principal Place of Business 8936 W. FLAGLER ST. BUILDING 27, UNIT 214 MIAMI, FL 33174		Mailing Address 8936 W. FLAGLER ST. BUILDING 27, UNIT 214 MIAMI, FL 33174			
2. Principal Place of Business - No P.O. Box # 16015 SW 150TH STREET		3. Mailing Address 16015 SW 150th STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 06-1746554	
Zip 33196		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, WINSTON 8936 W. FLAGLER ST. BUILDING 27, UNIT 214 MIAMI, FL 33174			7. Name and Address of New Registered Agent Name DONALD DACOSTA ROOMES Street Address (P.O. Box Number is Not Acceptable) 16015 SW 150TH STREET City MIAMI FL Zip Code 33196		
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 <u>DONALD DACOSTA ROOMES</u>			DATE <u>APRIL 24, 2007</u>		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRM MORGAN, HENLEY DR 85 WEST ROAD, TRENCH TOWN KINGSTON 12, JAMAICA W.I., <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCHR CUNNINGHAM, CHAD SEYMOUR PARK STE 8A 2 SEYMOUR AVENUE KINGSTON 10, JAMAICA W.I., <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARRETT, WESLEY 1 LILLEY DRIVE, P.O. BOX 866 SANTA CRUZ PO ST ELIZABETH JAMAICA W.I., <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EX-D STEGE, TRISH 25 BRIDGEMOUNT HEIGHTS KINGSTON 8, JAMAICA W.I., <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, GERALDINE 34 OLD HOPE ROAD KINGSTON 5, JAMAICA W.I., <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, WINSTON 8936 W. FLAGLER ST. BLDG 27, UNIT 214 MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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 617, 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: <u><i>Henley W. Morgan</i></u> HENLEY W. MORGAN			Date: <u>24 April 2007</u> Daytime Phone #		

ATTACHMENT 40094696
~~#NO 5800004469~~

UNIVERSITY COLLEGE OF THE CARIBBEAN FOUNDATION-U.S. INC.
2007 Annual Report
EIN: 06-1746554
Attachments Page 1

QUESTION 10. OFFICERS & DIRECTORS

NAME	TITLE	ADDRESS
David Wan	Treasurer	52-60 Grenada Crescent Kingston 5 Jamaica W.I.
Michael D. Schectman	Director	PO Box 1514 Helena, MT 59624
Velma Hamilton-Brown	Director	28 Seaview Avenue Kingston 5 Jamaica W.I.

DELETE

George Phillips	Director	331/2 Half Way Tree Rd Kingston 5 Jamaica W.I.
Mark Pritchett	Director	40-401/2 Beachwood Kingston 5 Jamaica W.I.
Brian Smith	Director	1004 Ervin Street St. Augustine, FL 32086

ADDITION:

Kelly Collini	Director	3345 Juniper Drive Laramie, WY 82070
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CHANGE

Courtney Jackson	Director	17 Worthington Avenue Kingston 5 Jamaica W.I.
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