


FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90110 026 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N05000004469					
1. Entity Name UNIVERSITY COLLEGE OF THE CARIBBEAN FOUNDATION - U.S., INC.					
Principal Place of Business 16015 SW 150TH STREET MIAMI, FL 33196			Mailing Address 16015 SW 150TH STREET MIAMI, FL 33196		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 06-1746554					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			04292008 Chg-NP CR2E037 (12/06)		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROOMES, DONALD D 16015 SW 150TH STREET MIAMI, FL 33196			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable. DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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 D 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	SD -D STEGER, TRISH 25 BRIDGEMOUNT HEIGHTS KINGSTON 8, JAMAICA W.I., <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROOMES, DONALD D 16015 SW 150TH STREET MIAMI, FL 33196 <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, WINSTON 8936 W. FLAGLER ST. BLDG 27, UNIT 214 MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10190 Regent Park Drive Orlando FL 32825		
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: <i>Henley W. Morgan</i> HENLEY W. MORGAN 30 th April 2008					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

40091925
#N05000004469

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	P.O. Box 151 Helena, MT 59624
Velma Brown-Hamilton	Director	28 Seaview Avenue Kingston 5. Jamaica W.I.
Kelly Collini	Director	3345 Juniper Driver Laramie, WY82070
Courtney Jackson	Director	17 Worthington Avenue Kingston 5 Jamaica