2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006134

FILED Apr 23, 2007 Secretary of State

Entity Name: FEDERATION OF NORTHERN CARIBBEAN UNIVERSITY ALUMNI ASSOCIATION NORTH AMERICA

INC

Current Principal Place of Business: New Principal Place of Business:

3475 SW RIVERS END WAY PALM CITY, FL 34990

Current Mailing Address: New Mailing Address:

3475 SW RIVERS END WAY PALM CITY, FL 34990

FEI Number: 20-5038362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GISCOMBE, HILBERT 3475 RIVERS END WAY PALM CITY, FL 34990 US

OFFICERS AND DIRECTORS:

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

Electronic Signature of Registered At

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES () Delete () Change () Addition GISCOMBE, HILBERT Name: Name: 3475 RIVERS END WAY Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: Title: () Delete Title: () Change () Addition GENTLES, DAVID Name: Name: Address: 2617 HERSFIELD CT Address: City-St-Zip: SILVER SPRINGS, MD 20904 City-St-Zip: Title: () Delete Title: () Change () Addition CAMPBELL 11, S PETER Name: Name: Address: 1453 NEWDAWN LANE Address: City-St-Zip: BEAUMONT, CA 92223 City-St-Zip: Title: TR () Delete Title: () Change () Addition Name: BOYD, RAPHAEL Name: 1000 EASTHAMPTON LANE Address: Address: City-St-Zip: WAXHAW, NC 28173 City-St-Zip: Title: A TR () Delete Title: () Change () Addition POTTINGER, DR. DAHILA Name: Name: 3819 RIVER RIDGE CT Address: Address: City-St-Zip: DECATUR, GA 30034 City-St-Zip: Title: () Delete Title: () Change () Addition MCBEAN, VILROY Name: Name: Address: 706 BUCCANEER CT Address: SILVER SPRINGS, MD 20904 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HILBERT GISCOMBE PRES 04/23/2007