

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

01-11-2008 90036 004 ***158.75

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|---|---|---|--|------------------------------------|--|
| DOCUMENT # 223512 1. Entity Name CARIBEE COLONY INC | | | | | |
| Principal Place of Business 3011 N INDIAN RIVER DRIVE FT. PIERCE, FL 34946 US | | | Mailing Address 3011 N INDIAN RIVER DRIVE FT. PIERCE, FL 34946 US | | |
| 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 | 4. FEI Number 58-2176672 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HOOPER, VIRGINIA D 8118 VINELAND OAKS BLVD ORLANDO, FL 32835 | | | 7. Name and Address of New Registered Agent Name HOOPER, Virginia D. Street Address (P.O. Box Number is Not Acceptable) 3011 N. INDIAN RIVER DR. City FT. Pierce FL Zip Code 34946 | | |
| 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>Virginia D. Hooper, President - Virginia D. Hooper Jan. 8, 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST HOOPER, SAM T 8118 VINELAND OAKS BLVD ORLANDO, FL 32835 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HOOPER, VIRGINIA II 8118 VINELAND OAKS BLVD ORLANDO, FL 32835 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PEARCE, DAVID L 1100 E OAKLAND PARK BLVD OAKLAND PARK, FL 33334 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST HOOPER, SAM T 3011 N. INDIAN RIVER DR FT. PIERCE, FL 34946 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HOOPER, VIRGINIA D. 3011 N. INDIAN RIVER DR. FT. PIERCE, FL 34946 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PEARCE, DAVID L 1100 E OAKLAND PARK BLVD OAKLAND PARK, FL 33334 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PEARCE, DAVID L 1100 E OAKLAND PARK BLVD OAKLAND PARK, FL 33334 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PEARCE, DAVID L 1100 E OAKLAND PARK BLVD OAKLAND PARK, FL 33334 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PEARCE, DAVID L 1100 E OAKLAND PARK BLVD OAKLAND PARK, FL 33334 | <input type="checkbox"/> Change <input 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 607, 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: Virginia D. Hooper, President 2/5/08