2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2006 8:00 am Secretary of State

DOCUMENT # 573770 1. Entity Name CARIB SEA, INC.							01-12-2006 90194 031 ***150.00					
Principal Place 3501 INDUS FORT PIERCE	T ria l 27th	STREET	Mailing Address PO BOX 13359 FT PIERCE, FL 34979	US			• 19509) Pini I	1908 my huin righ shift	ni stem stem stem		proje je maji	
2. Principal Place of Business			3. Mailing Address			-						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01062006 Chg-P CR2E034 (11/05)					
City & State			City & State			4. FEI Number 59-1820				plied For It Applicable		
Zip	Country		Zip Coun		ntry	5. Certificate of Status Desired				S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent.					7. Name and Address of New Registered Agent Name							
GREENFIELD, NANCY P 3107 SOUTH INDIAN RIVER DRIVE MIAMI, FL 33156					Street Address (P.O. Box Number is Not Acceptable)							
						<u> </u>	· Pier	oce.	FL	Zip Cod	1000	
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												
FILE ROWNT FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.	Inn	OFFICERS AND		11,			ADDITIONS/0	HANGES TO OF	·····			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3107 SOL	: IELD, RICHARD JTH INDIAN RIVER DRI ERCE, FL 34982			•					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								٤,		Change	Addition	
TITLE	٧		☐ Delete	TITL		-				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	GREENF 3107 SOL FORT PLE	1	EET ADDRESS 5	564	13 S . Ir	ndian .	River	DR.	,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3107 SOL	IELD, RICHARD M.JR JTH INDIAN RIVER DRI ERCE, FL 34982	☐ Delete V E	4		53	09 S. I	ndian		, ,	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			-				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Charge	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 trace 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 of 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.												