2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# 764879

Entity Name: CASTERLINE GROUP HOME, INC.

Current Principal Place of Business:

C/O PATRICIA ANNE RAY
15636 NE 2ND AVE
MIAMI, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

C/O PATRICIA ANNE RAY
15636 NE 2ND AVE
MIAMI, FL 33162 US

New Mailing Address:

FEI Number: 65-0030429 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAY, PATRICIA A
15636 NE 2ND AVE
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	RAY, PATRICIA A	
Address:	15636 N.E. 2 AVENUE	
City-St-Zip:	N MIAMI BEACH, FL 33162	
Title:	T	(X) Delete
Name:	GAVIRIA, CHRISTIAN	
Address:	136 NE 91ST STREET	
City-St-Zip:	MIAMI, FL 33138	
Title:	T	( ) Delete
Name:	KERN, CYNTHIA	
Address:	1958 NE 178 ST.	
City-St-Zip:	N. MIAMI BEACH, FL 33162	
Title:	ST	(X) Delete
Name:	GAVIRIA, MICHELLE A	
Address:	136 NE 91 STREET	
City-St-Zip:	MIAMI SHORES, FL 33138	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA A RAY PD 01/12/2009

Electronic Signature of Signing Officer or Director — Date