2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 29, 2005 08:00 AM Secretary of State DOCUMENT # L14765 1. Entity Name CAROLINA CARIBBEAN CORP. Principal Place of Business Mailing Address 947 HYACINTH 947 HYACINTH DELRAY BEACH, FL 33483 US DELRAY BEACH, FL 33483 US 01172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0148187 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MALLOY, SUSAN DO NOT WRITE 947 HYACINTH DR IN THIS SPACE DELRAY BCH, FL 33483 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent argusture required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE MALLOY, SUSAN NAME STREET ADDRESS 947 HYACINTH CITY-ST-ZIP DELRAY BEACH, FL TITLE 03/29/05-80002-014 150.00 NAME STREET ADDRESS CITY-ST-712 N7LE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes 1 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.

FILED