



# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # L64182</b> 1. Entity Name <b>CARIBBEAN PUBLISHING CO., INC.</b>						<b>FILED</b> 2006 AUG -1 PM 1:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>815 NW 57TH AVENUE SUITE 125 MIAMI, FL 33126 US</b>				Mailing Address <b>815 NW 57TH AVENUE SUITE 125 MIAMI, FL 33126 US</b>			
2. Principal Place of Business		3. Mailing Address				07262006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>65-0193859</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CORPDIRECT AGENTS 515 EAST PARK AVENUE TALLAHASSEE, FL 32301</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D FRENCH, RANDY 19 ELLIOTT STREET PO BOX HM902 HAMILTON HM DX, BR</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600078466496 08/08/06--01028--002 **61.25</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CEO REID, DAVID 71A EASTERN AVENUE, P.O. BOX 688 GT GEORGE TOWN, GC</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DIRECTOR &amp; CEO REID, DAVID P.O. BOX 688 GT, 71A EASTERN AVENUE GRAND CAYMAN, CAYMAN ISLANDS, B.W.I.</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S CAYMANMANAGEMENT SERVICES LTD. GROUND FLOOR HARBOUR CENTER GEORGETOWN, GRAND CAYMAN, CA</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ASSISTANT SECRETARY CAYMAN MANAGEMENT SERVICES LTD. P.O. BOX 1569 GT, HARBOUR CENTRE, GROUND FLOOR GRAND CAYMAN, CAYMAN ISLANDS, B.W.I.</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SECRETARY STEPHEN J. HLASTALA P.O. BOX 688 GT, 71A EASTERN AVENUE GRAND CAYMAN, CAYMAN ISLANDS,</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>B 8/1/08</b>		
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.							
<b>SIGNATURE: <u>David Reid</u> DAVID REID, CEO 07/31/06 345-814-1751</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							