2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000724

FILED May 24, 2006 Secretary of State

Entity Name: INDO-CARIBBEAN CULTURAL CENTER INC.

Current Principal Place of Business: New Principal Place of Business: 1453 N PINE HILLS RD ORLANDO, FL 32835 **Current Mailing Address: New Mailing Address:** 7834 BARDMOOR HILL CIR ORLANDO, FL 32835 FEI Number: 42-1528403 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOPIE, HARSODAI 7834 BARMOOR HILL CIR ORLANDO, FL 32835 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GOPIE, GEETA Name: Name: Address: 7834 BARDMOOR HILL CIR Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: Title: Title: () Delete () Change () Addition Name: GOPIE, MARK Name: Address: 7834 BARDMOOR HILL CIRCLE Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: Title: () Delete Title: (X) Change () Addition PERSAUD, GLORY Name: PERSAUD, GLORY Name: 240 LAKE DARBY PL 240 LAKE DARBY PL Address: Address: City-St-Zip: GOTHA, FL 34743 City-St-Zip: GOTHA, FL 34743 Title: () Delete Title: () Change (X) Addition Name: Name: RAMDHANI, SUEJATTIE 1453 N PINE HILLS RD Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify for the 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: GEETA GOPIE-PERSAUD DIR 05/24/2006