


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000001382</b> 1. Entity Name <b>CARIBBEAN AMERICAN CHILDREN FOUNDATION, INC.</b>	
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Principal Place of Business <b>1 BLACKFOOT COURT PALM COAST FL 32137</b>	Mailing Address <b>PO BOX 353593 PALM COAST FL 32135</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE      CR2E037 (10/05)

4. FEI Number <b>59-3474459</b>	Applied For 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**

**JONES, SILVIA**  
**1 BLACKFOOT COURT**  
**PALM COAST FL 32137**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** 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>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GREEN, ARNETTE</b>
STREET ADDRESS	<b>2915 EDGEWOOD AVE W</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32209</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WALLACE, CHARLES</b>
STREET ADDRESS	<b>1 JOHN ANDERSON DRIVE #102</b>
CITY - ST - ZIP	<b>ORMOND BEACH FL 32176</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BUSH, EDITH</b>
STREET ADDRESS	<b>1444 8TH STREET</b>
CITY - ST - ZIP	<b>WEST PALM BEACH FL 33401</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000564263  
05/20/06-80055-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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.

**SIGNATURE:** *[Signature]*

*05/01/06*