2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001171

FILED May 22, 2006 Secretary of State

Entity Name: AMERICAN UNIVERSITY OF THE CARIBBEAN, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 926 255 NW 47 PL OCALA, FL 34478 OCALA, FL 34475

Current Mailing Address: New Mailing Address:

PO BOX 15665 3170 AIRMANS DRIVE **RUDENBERG/ MEBSH** UNIT 2069- MEBLH WEST PALM BEACH, FL 334316 FORT PIERCE, FL 34946

FEI Number: 85-0322460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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:

FOSTER, JUDITH 255 NW 47 PL OCALA, FL 34475

OFFICERS AND DIRECTORS:

US

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

RUDENBERG, PAUL G RUDENBERG, PAUL G Name: Name:

PO BOX 15665 MEBSH Address: UNIT 2069 - MEBLH, 3170 AIRMANS DRIVE Address:

City-St-Zip: W PALM BCH, FL 33416 City-St-Zip: FORT PIERCE, FL 34946

Title: Title: () Delete () Change () Addition

FOSTER, JUDITH Name: Name: Address: 255 NW 47 PL Address: City-St-Zip: OCALA, FL 34475 City-St-Zip:

Title: () Delete Title: () Change () Addition

PIERSON, DOUGLAS Name: Name: Address: 85 KEVIN DR Address: City-St-Zip: NEW OXFORD, PA 17350 City-St-Zip:

(X) Change () Addition Title: () Delete Title:

Name: TOULOUTE, PAUL Name: TOULOUTE, PAUL 5515 RIVER RUN TRAIL RTE NATIONALE #2 Address: Address:

City-St-Zip: FORT WAYNE, IN 46825 City-St-Zip: LES CAYES, HAITI, HT HT 8110

Title: () Delete Title: (X) Change () Addition

JEUNE, MARIE LUCIE JEUNE, MARIE LUCIE Name: Name: RTE NATIONALE #2 RTE NATIONALE #2 Address: Address:

LES CAYES, HAITI, HT HT 8110 City-St-Zip: City-St-Zip: LES CAYES, HAITI, HT HT 8110

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: PAUL G. RUDENBERG DIR. 05/22/2006