2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2007
Secretary of State

DOCUMENT# N04000001171

Entity Name: AMERICAN UNIVERSITY OF THE CARIBBEAN, INC.

Current Principal Place of Business:

255 NW 47 PL
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

3170 AIRMANS DRIVE
UNIT 2069- MEBLH
FORT PIERCE, FL 34946

New Mailing Address:

FEI Number: 85-0322460 **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:

FOSTER, JUDITH
255 NW 47 PL
OCALA, FL 34475 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: RUDENBERG, PAUL G
Address: UNIT 2069 - MEBLH , 3170 AIRMANS DRIVE
City-St-Zip: FORT PIERCE, FL 34946

Title: D ( ) Delete
Name: FOSTER, JUDITH
Address: 255 NW 47 PL
City-St-Zip: OCALA, FL 34475

Title: D ( ) Delete
Name: PIERSON, DOUGLAS
Address: 85 KEVIN DR
City-St-Zip: NEW OXFORD, PA 17350

Title: D ( ) Delete
Name: TOULOUTE, PAUL
Address: RTE NATIONALE #2
City-St-Zip: LES CAYES, HAITI, HT HT 8110

Title: D ( ) Delete
Name: JEUNE, MARIE LUCIE
Address: RTE NATIONALE #2
City-St-Zip: LES CAYES, HAITI, HT HT 8110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: TOULOUTE, PAUL
Address: RTE NATIONALE #2, BERGEAUD
City-St-Zip: LES CAYES, HAITI, HT HT 8110

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 D 05/30/2007
Electronic Signature of Signing Officer or Director Date