2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2008
Secretary of State

DOCUMENT# N04000008871

Entity Name: CARIBBEAN CHILDREN NUTRITION HEALTH EDUCATION CENTER, INC

Current Principal Place of Business:

2314 S W RANCH AVE
PORT STE LUCIE, FL 34953

New Principal Place of Business:

1153 NW LOMBARDY DR
PORT STE LUCIE, FL 34986

Current Mailing Address:

2314 S W RANCH AVE
PORT STE LUCIE, FL 34953

New Mailing Address:

1153 NW LOMBARDY DR
PORT STE LUCIE, FL 34986

FEI Number: 41-2153954 **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:

BLAISE, BEATRICE
2314 SW RANCH AVE
PORT ST.LUCIE, FL 34953 US

Name and Address of New Registered Agent:

BLAISE, BEATRICE
115 3 NW LOMBARDY DR
PORT ST.LUCIE, FL 34986 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: _____ 05/25/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: EPD ( ) Delete
Name: BLAISE, BEATRICE
Address: 2314 SW RANCH AVENUE
City-St-Zip: PORT ST.LUCIE, FL 34953

Title: S ( ) Delete
Name: ALEXANDRE, ROULDY
Address: 3801 RUSSELL AVE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: T ( ) Delete
Name: DORVAL, ANDRE
Address: 1258 SW HERMINE AVE
City-St-Zip: PORT ST.LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: MAGALIE, SURPRIS
Address: 322 SOUTH 26TH AVE
City-St-Zip: HOLLYWOOD, FL 33020

Title: T (X) Change ( ) Addition
Name: LIMONTAS, FRITZGERALD
Address: 1750 N. CONGRESS AVE 407
City-St-Zip: PORT- ST- LUCIE, FL 34986

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: BEATRICE BLAISE ED 05/25/2008
Electronic Signature of Signing Officer or Director — Date