
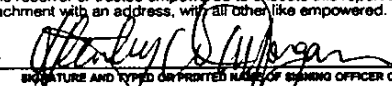


**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90110 026 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N05000004469</b>					
1. Entity Name <b>UNIVERSITY COLLEGE OF THE CARIBBEAN FOUNDATION - U.S., INC.</b>					
Principal Place of Business <b>16015 SW 150TH STREET MIAMI, FL 33196</b>		Mailing Address <b>16015 SW 150TH STREET MIAMI, FL 33196</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>06-1746554</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 <b>ROOMES, DONALD D 16015 SW 150TH STREET MIAMI, FL 33196</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CHRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAN, HENLEY D		NAME		
STREET ADDRESS	85 WEST ROAD, TRENCH TOWN		STREET ADDRESS		
CITY-ST-ZIP	KINGSTON 12, JAMAICA W.I.,		CITY-ST-ZIP		
TITLE	VCHR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUNNINGHAM, CHAD		NAME		
STREET ADDRESS	SEYMOUR PARK STE 8A 2 SEYMOUR AVENUE		STREET ADDRESS		
CITY-ST-ZIP	KINGSTON 10, JAMAICA W.I.,		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRETT, WESLEY		NAME		
STREET ADDRESS	1 LILLEY DRIVE, P.O. BOX 866 SANTA CRUZ PO		STREET ADDRESS		
CITY-ST-ZIP	ST ELIZABETH JAMAICA W.I.,		CITY-ST-ZIP		
TITLE	<del>SD</del> -D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEGER, TRISH		NAME	<b>Director</b>	
STREET ADDRESS	25 BRIDGEMOUNT HEIGHTS		STREET ADDRESS		
CITY-ST-ZIP	KINGSTON 8, JAMAICA W.I.,		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROOMES, DONALD D		NAME		
STREET ADDRESS	16015 SW 150TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, WINSTON		NAME	<b>10190 Regent Park Drive</b>	
STREET ADDRESS	8936 W. FLAGLER ST. BLDG 27, UNIT 214		STREET ADDRESS	<b>Orlando FL 32825</b>	
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <b>HENLEY W. MORGAN</b> 30 <sup>th</sup> April 2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# ATTACHMENT

40091925  
#N05000004469

## UNIVERSITY COLLEGE OF THE CARIBBEAN FOUNDATION- U.S. INC.

2007 Annual Report:

EIN: 06-1746554

Attachments Page 1

### QUESTION 10. OFFICERS & DIRECTORS

NAME	TITLE	ADDRESS
David Wan	Treasurer	52-60 Grenada Crescent Kingston 5 Jamaica W.I.
Michael D. Schectman	Director	P.O. Box 151 Helena, MT 59624
Velma Brown-Hamilton	Director	28 Seaview Avenue Kingston 5. Jamaica W.I.
Kelly Collini	Director	3345 Juniper Driver Laramie, WY82070
Courtney Jackson	Director	17 Worthington Avenue Kingston 5 Jamaica