2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N08000007033

Entity Name: CENTRAL FLORIDA CARIBBEAN CONNECTION, INC.

Current Principal Place of Business:

2312 NANSEN AVENUE
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

2312 NANSEN AVENUE
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 26-3288955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GRAY, MAUREEN E
2312 NANSEN AVENUE
ORLANDO, FL 32817 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: P ( ) Delete
Name: GRAY, MAUREEN E
Address: 2312 NANSEN AVENUE
City-St-Zip: ORLANDO, FL 32817

Title: VP ( ) Delete
Name: CHARLES, NATHALIE
Address: 1115 NEEDLEWOOD LOOP
City-St-Zip: OVIEDO, FL 32765

Title: PR ( ) Delete
Name: CHARLES, DAVID
Address: 1115 NEEDLEWOOD LOOP
City-St-Zip: OVIEDO, FL 32765

Title: SEC. ( ) Delete
Name: NESTOR, DONNA
Address: 4647 PARK EDEN CIRLCE
City-St-Zip: ORLANDO, FL 32810

Title: TREA ( ) Delete
Name: CHIN, DONNA
Address: 256 EAST OAKHURST STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

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: MAUREEN GRAY P 04/10/2009

Electronic Signature of Signing Officer or Director — Date