


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

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N08177 1. Entity Name THE CARIBBEAN-AMERICAN ALLIANCE OF FLORIDA, INC.(CAAFL)	
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Principal Place of Business SILVER SPRINGS SHORES PRES. CHURCH 674 SILVER RD OCALA, FL 34472 US	Mailing Address P.O. BOX 830763 OCALA, FL 34483-0763 US
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01102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1804344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THOMAS, ALMA (STONE)
4620 SW 42ND STREET
OCALA, FL 34474**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000795602 01/28/08-80054-007 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC THOMAS, ALMA (STONE) 4620 SW 42ND STREET OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRIFFITH, WILBUR 2 HICKORY TRK TERRACE OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BULLEN, JUDITH 1815 SE 14TH AVENUE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEWIN, LENA 1815 SE 14TH AVENUE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARSTON, INEZ 32 PINE TRACE LOOP OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR MADDIX, NORMAN W 4966 SW 107TH LOOP OCALA, FL 34476

**DO NOT WRITE
IN THIS SPACE**

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:  **1-19-2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #