2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008
Secretary of State

DOCUMENT# N37024

Entity Name: CARIBBEAN FELLOWSHIP MINISTRIES, INC.

Current Principal Place of Business:

4613 N. UNIVERSITY DRIVE
PMB 562
CORAL SPRINGS, FL 33067 US

New Principal Place of Business:

Current Mailing Address:

4613 N. UNIVERSITY DRIVE
PMB 562
CORAL SPRINGS, FL 33067 US

New Mailing Address:

P.O. BOX 670685
CORAL SPRINGS, FL 33067 US

FEI Number: 65-0247803 **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:

LIBERIS, RAOUL
4613 N. UNIVERSITY DRIVE PMB 562
CORAL SPRINGS, FL 33067 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: PD ( ) Delete
Name: LIBERIS, RAOUL
Address: 4613 N. UNIVERSITY DRIVE PMB 562
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: D ( ) Delete
Name: PIERRE, EMMANUEL
Address: 8017 W SAMPLE RD
City-St-Zip: CORAL SPRINGS, FL 33065

Title: STV ( ) Delete
Name: LIBERIS, ELSIE
Address: 4613 N. UNIVERSITY DRIVE PMB 562
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: D ( ) Delete
Name: LIBERIS, MICHELE
Address: 4613 N. UNIVERSITY DRIVE PMB 562
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: D ( ) Delete
Name: LIBERIS, ARLEN JR
Address: 4613 N. UNIVERSITY DRIVE PMB 562
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: D ( ) Change (X) Addition
Name: LIBERIS, MIKA
Address: 4613 N UNIVERSITY DRIVE PMB 562
City-St-Zip: CORAL SPRINGS, FL 33067

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: ELSIE LIBERIS STV 05/08/2008

Electronic Signature of Signing Officer or Director — Date