## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 03, 2006 8:00 am Secretary of State

DOCUMENT # N46379  1. Entity Name CARIBBEAN AND FLORIDIAN ASSOCIATION INC.				A	Secretary of State 03-03-2006 90109 039 ****70.00			
Principal Place of Business 3401 PINERIDGE CIRCLE KISSIMMEE, FL 34746		Mailing Address P. O. BOX 450786 KISSIMMEE, FL 34743		1 324 11 27 4 6 6 1	<del>.</del> [64 UKI (1440) 1714 OTTI (1661 3740)			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02202006 Chg	-NP CR2E03	7 (11/05)		
City & State		City & State		4. FEI Number 59-3131979		<del></del>	olied For Applicable	
Zip	Country	Zip	Country	5. Certificate of State		\$8.75 Addi ee Required		
	6. Name and Address of Current		7. Name and Addre	ss of New Registered A	gent			
3401 PINE	SMORE A RIDGE CIRCLE	Name Street Addres	Name Street Address (P.O. Box Number is Not Acceptable)					
KISSIMMEE, FL 34746								
			City	FL Zip Code				
A. 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    107    1								
Filing Fee is \$61.25 9. Election Campaig  Due by May 1, 2006 Trust Fund Contri				\$5.00 May Be Added to Fees	Make check Florida Depart			
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGES	S TO OFFICERS AND DIR	ECTORS IN	10	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P SHAW, CASMORE A 3401 PINERIDGE CIRCLE KISSIMMEE, FL 34746	☐ Detete	TITLE NAME STREET ADORESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	VP ROBERTS, EUNICE 2346 ALBION AVE ORLANDO, FL 32833	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURRELL, VERONICA 755 LEONARDO CT KISSIMMEE, FL 34758	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUMMINGS, CORALIE 2109 PAPRIKA DRIVE ORŁANDO, FL 32837	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZP			Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	AS CADOGAN, LENNA 2357 OLDFIELD DR ORLANDO, FL 32837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST CORBIN, DEBRA 13621 BAYVIEW ISLE DR, APT : ORLANDO, FL 32824	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	

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.

changed, or on an angenment with an address, with an other line empower

SIGNATURE: LOTALIE CUMINICA CORALIE CUMMINAS

2-25-06

4078561113 Daytime Phone #