

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001775

FILED
Jul 16, 2007
Secretary of State

Entity Name: CARIBBEAN AMERICAN CULTURAL GROUP, INC.

Current Principal Place of Business:

471 SE FAITH TERRACE
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

172 NE ST. JAMES DRIVE
PORT SAINT LUCIE, FL 34983 US

Current Mailing Address:

471 SE FAITH TERRACE
PORT SAINT LUCIE, FL 34983

New Mailing Address:

172 NE ST. JAMES DRIVE,
P.O. BOX 8701
PORT SAINT LUCIE, FL 34985

FEI Number: 65-0411523 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

WALKER, DAVID
2207 SOUTH KANNER HIGHWAY
P.O. BOX 1829
STUART, FL 34994 US

Name and Address of New Registered Agent:

BIGBY, KINGSLEY
2081 SE FLORESTA DRIVE
PORT ST. LUCIE, FL 34984 US

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: KINGSLEY BIGBY

07/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: GODFREY, KARL
Address: 434 DOAT ST
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: PD () Delete
Name: BIGBY, KINGSLEY
Address: 2081 SE FLORESTON DR
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D () Delete
Name: ENGLISH, MARJORIE
Address: 471 SE FAITH TERR
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: ASD () Delete
Name: BLAIR ALEXANDER, PAULETTE
Address: 763 SW ALTON COVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D () Delete
Name: PENNYCOOKE, BASIL
Address: 570 SAINT KITTS COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD () Delete
Name: FISHER, AMBROSE
Address: 473 SW HOMELAND ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GODFREY, KARL
Address: 434 SE DOAT ST
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: PD (X) Change () Addition
Name: DUNCANSON, HOWARD
Address: 468 SW SEAFLOWER TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D (X) Change () Addition
Name: SANGSTER, TREVOR
Address: 3455 SE HART CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D (X) Change () Addition
Name: STANFORD, ALICIA
Address: 2461 MORNINGSIDE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VPD (X) Change () Addition
Name: SCOTT, CRESWELL
Address: 5790 NW ZINNIA STREET
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D (X) Change () Addition
Name: PALMER, LILITH
Address: 5441 NW EDGEWATER AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: VINNETT SIMPSON

SD

07/16/2007

Electronic Signature of Signing Officer or Director

Date