2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2011
Secretary of State

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Entity Name: CARIBBEAN COUNCIL FOR THE BLIND INTERNATIONAL, INC.

Current Principal Place of Business:

3800 INVERRARY BLVD
101-K
LAUDERHILL, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

3800 INVERRARY BLVD
101-K
LAUDERHILL, FL 33319 US

New Mailing Address:

FEI Number: 65-0580190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GRANT, ARVEL L
3800 INVERRARY BLVD
SUITE 101-K
LAUDERHILL, FL 33319 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
Name: MARSON, LOLA
Address: 13, NORT-EAST 12TH AVE., PO BOX 8178
City-St-Zip: ST CATHERINE, JAMAICA, WI N/A

Title: VD
Name: AVRIL, ANTHONY
Address: C/O SLBWA, SANSOUCI, PO BOX 788
City-St-Zip: ST LUCIA, WI N/A

Title: TD
Name: BENJAMIN, LONDEL
Address: BUCKLEYS VILLAGE, PO BOX 337
City-St-Zip: ST JOHN'S, ANTIGUA, WI N/A

Title: SD
Name: GRANT, ARVEL L CEO
Address: C/O CCB, ALL SAINTS RD, PO BOX 1517
City-St-Zip: ST JOHN'S, ANTIGUA, WI N/A

Title: D
Name: MAULE, RAPHAEL
Address: 318, MELODIANS CRESCENT, MALABAR
City-St-Zip: ARIMA, TRINIDAD, WI N/A

I hereby 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 all other like empowered.

SIGNATURE: ARVEL L GRANT SD 02/11/2011

Electronic Signature of Signing Officer or Director Date