2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005841

FILED Jan 10, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3800 INVERRARY BLVD

101-K

LAUDERHILL, FL 33319 US

Current Mailing Address: New Mailing Address:

3800 INVERRARY BLVD

101-K

LAUDERHILL, FL 33319 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRANT, ARVEL L 3800 INVERRARY BLVD SUITE 101-K LAUDERHILL, FL 33319 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:

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:

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 01/10/2012