


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000004948 1. Entity Name CARIBBEAN-AMERICAN PEOPLE ASSOCIATION, INC.	
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Principal Place of Business 843 CYPRESS PARKWAY #128 KISSIMMEE, FL 34758	Mailing Address 843 CYPRESS PARKWAY #128 KISSIMMEE, FL 34758 US
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04212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3480180	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAILEY, MICHAEL A 498 PEPPERMILL CIRCLE KISSIMMEE, FL 34758
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**DO NOT WRITE
IN THIS SPACE**

8. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, MICHAEL A 498 PEPPERMILL CIRCLE KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOAD, KEITH 498 PEPPERMILL CIRCLE KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCALET, GILBERT 498 PEPPERMILL CIRCLE KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMILTON, UNA 498 PEPPERMILL CIRCLE KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, FERRIST E 498 PEPPERMILL CIRCLE KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000149831
05/03/04-80202-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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	
SIGNATURE: <u>Michael A. Bailey</u> 4/21/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ Daytime Phone # _____