2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# P00000064848

Entity Name: CARIBBEAN ISLE PROPERTY SALES, INC.

Current Principal Place of Business:

405 ELSBERRY RD.
APOLLO BEACH, FL 33572

New Principal Place of Business:

Current Mailing Address:

405 ELSBERRY RD.
APOLLO BEACH, FL 33572

New Mailing Address:

FEI Number: 59-3674490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GORMAN, WILLIAM D
1498 WAUKON CIRCLE
CASSELBERRY, FL 32707 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: REYNOLDS, REGGIE
Address: 405 ELSBERRY RD
City-St-Zip: APOLLO BEACH, FL 33572

Title: D ( ) Delete
Name: RAY, ROSELLA
Address: 129 ST. JOHNS WAY EAST
City-St-Zip: APOLLO BEACH, FL 33572

Title: SD ( ) Delete
Name: STAHL, NANCY
Address: 405 ELSBERRY RD
City-St-Zip: APOLLO BEACH, FL 33572

Title: VD ( ) Delete
Name: WILLIAMS, BILL
Address: 405 ELSBERRY RD
City-St-Zip: APOLLO BEACH, FL 33572

Title: TD ( ) Delete
Name: GORMAN, WILLIAM D
Address: 405 ELSBERRY RD
City-St-Zip: APOLLO BEACH, FL 33572

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM D GORMAN TD 04/08/2008

Electronic Signature of Signing Officer or Director — Date