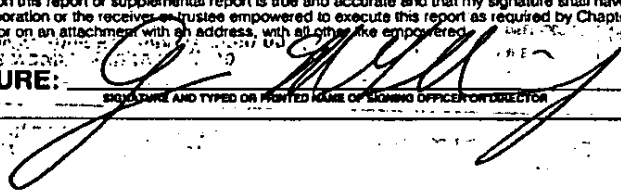


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 8:00 am
Secretary of State

01-10-2005 90047 030 ****50.00
03-09-2005 90031 050 ****100.00

DOCUMENT # P00000099211			
1. Entity Name CARIBBEAN CUSTOM HOMES, INC.			
Principal Place of Business 1639 E. CAPE CORAL PARKWAY, SUITE 105 CAPE CORAL, FL 33904		Mailing Address 1639 E. CAPE CORAL PARKWAY, SUITE 105 CAPE CORAL, FL 33904	
2. Principal Place of Business 1517 SE 16th Place		3. Mailing Address 1517 SE 16th Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cape Coral, FL		City & State Cape Coral	
Zip 33990	Country USA	Zip FL	Country USA
4. FEI Number 65-1055391		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGILICUDDY, JASON 1639 E. CAPE CORAL PARKWAY, SUITE 105 CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name 1517 SE 16th Place Street Address (P.O. Box Number is Not Applicable) Cape Coral FL 33990	
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 Signature, typed or printed name of registered agent and its if applicable. (NOTE: Registered Agent signature required when re-registering) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD	MCGILICUDDY, JASON ☐ Delete	TITLE ☒ Change ☐ Addition	
NAME	1639 E. CAPE CORAL PARKWAY, SUITE 105	NAME	1517 SE 16th Place
STREET ADDRESS	CAPE CORAL, FL 33904	STREET ADDRESS	Cape Coral, FL 33990
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VSD	BEZANSON, GEORGE II ☐ Delete	TITLE ☒ Change ☐ Addition	
NAME	1639 E. CAPE CORAL PARKWAY, SUITE 105	NAME	1517 SE 16th Place
STREET ADDRESS	CAPE CORAL, FL 33904	STREET ADDRESS	Cape Coral, FL 33990
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, 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: 		Date 1-5-05 (239) 540-3520	
Typed or printed name of signing officer or director		Date	