


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000097074  
1. Entity Name  
CAREVACATIONS CARIBBEAN PORTS MEDICAL INC.



Principal Place of Business      Mailing Address  
3321 SOUTH ANDREWS AVENUE      3321 SOUTH ANDREWS AVENUE  
# 26      # 26  
FORT LAUDERDALE, FL 33316 US      FORT LAUDERDALE, FL 33316 US

**DO NOT WRITE IN THIS SPACE**



01082008    No Chg-P    CR2E034 (11/05)

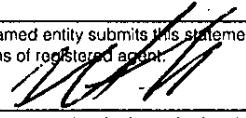
4. FEI Number  
59-3760060      Applied For  
Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
RANDLE, CHRISTOPHER  
3321 SOUTH ANDREWS AVENUE  
# 26  
FORT LAUDERDALE, FL 33316

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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:       DATE: Jan 14/08

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

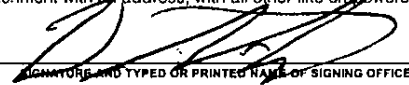
DATE: 01/23/08-80050-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STILWELL, DONALD
STREET ADDRESS	3321 SOUTH ANDREWS AVENUE # 26
CITY - ST - ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jan 4/08      1-877-478-7827 ext 221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #