
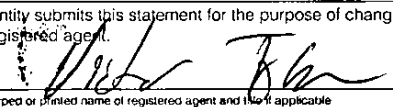
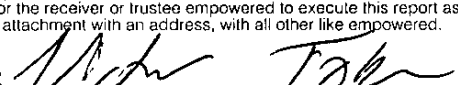


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90156 025 ***150.00

DOCUMENT # P01000108750 1. Entity Name CARIBBEAN HANDYMAN SERVICES, INC.					
Principal Place of Business 6973 BLAIR DRIVE ORLANDO, FL 32818			Mailing Address 6317 BLAIR DRIVE ORLANDO, FL 32818		
2. Principal Place of Business 256 KESWICK AVENUE Suite, Apt. #, etc.		3. Mailing Address 256 KESWICK AVENUE Suite, Apt. #, etc.			
City & State DAVENPORT, FLORIDA Zip 33897 Country USA		City & State DAVENPORT, FLORIDA Zip 33897 Country USA		4. FEI Number 59-3751909 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04142006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent TOBAR, VICTOR 6973 BLAIR DRIVE ORLANDO, FL 32818			7. Name and Address of New Registered Agent Name TOBAR VICTOR Street Address (P.O. Box Number is Not Acceptable) 256 KESWICK AVENUE City DAVENPORT FL Zip Code 33897		
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: 407-4916780 <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TOBAR, VICTOR 6973 BLAIR DRIVE ORLANDO, FL 32818	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TOBAR VICTOR 256 KESWICK AVENUE DAVENPORT, FL 33897
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 4/24/06 407-491-6780 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>					