


FILED
Jun 24, 2005 8:00 am
Secretary of State

06-24-2005 90001 049 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P0100110977			
1. Entity Name CARIBBEAN DEPICTION, INC.			
Principal Place of Business 548 HEBRIDES COURT APOPKA, FLORIDA 32712		Mailing Address 548 HEBRIDES COURT APOPKA, FLORIDA 32712	
2. Principal Place of Business		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent CARL S. PITTER 7435 NORTH WEST 57th STREET TAMARAC, FLORIDA 33319		4. FEI Number 04232005 Chg-P CR2E034 (10/03) Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of New Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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: <i>X [Signature]</i> DATE: 6-17-2005 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering)</small>			
FILE MONTH FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		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	PRESIDENT <input type="checkbox"/> Delete EVETT CADOGAN 548 HEBRIDES COURT APOPKA, FL 32712	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER <input type="checkbox"/> Delete EVETT CADOGAN 548 HEBRIDES COURT APOPKA, FL 32712	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY <input type="checkbox"/> Delete EVETT CADOGAN 548 HEBRIDES COURT APOPKA, FLORIDA 32712	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>X [Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		JUNE 17th, 2005 <small>Date Daytime Phone #</small>	

ATTACHMENT

40089252

CARIBBEAN DEPICTION, INC
548 HEBRIDES COURT
APOKA, FLORIDA 32712

JUNE 17th, 2005

State of Florida
Annual Report Filings
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32329

Re: 2005 Uniform Business Report
DOCUMENT # POI00110977

Dear Sir/Madam:

Please be advised that I was recently Notified by my Accountant that my Corporation, "CARIBBEAN DEPICTION, INC." is no longer active due to the non-filing of the annual Uniform Business Report. We did not receive a form for the year 2005

I called your office regarding this matter and was told that in this circumstance I can download a blank Uniform Business Report form for the year 2005 and submit it along with a check in the amount of \$150.00 and my reason for not filing on time. The enclosed payment will be filing fee of \$150.00 for 2005 Uniform Business Report.

I have enclosed the completed Uniform Business Report form along with a check for \$150.00 as instructed by your office. Please accept this payment and process the Uniform Business Report.

Your kind consideration to this matter will be greatly appreciated.

Sincerely yours,


EVETT CADOGAN
PRESIDENT