2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007
Secretary of State

DOCUMENT# P03000142030

Entity Name: CARIBBEAN GLOBAL RESORTS INTERNATIONAL INC.

Current Principal Place of Business:

1799 NE 164TH STREET
NMB, SUITE 113
NORTH MIAMI BEACH, FL 33322

New Principal Place of Business:

Current Mailing Address:

1799 NE 164TH STREET
NMB, SUITE 113
NORTH MIAMI BEACH, FL 33322

New Mailing Address:

FEI Number: 20-0390368 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FISHER, MARK I
1799 NE 164TH STREET
NMB, SUITE 113
NORTH MIAMI BEACH, FL 33162 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: CFO ( ) Delete
Name: OBLESIS, EMMANUEL PHD
Address: 1799 NE 164TH ST
City-St-Zip: MIAMI, FL 33162

Title: D ( ) Delete
Name: ROY, THOMAS
Address: 1799 NE 164TH STREET SUITE 113
City-St-Zip: NORTH MIAMI BEACH, FL 33167

Title: DAT ( ) Delete
Name: FISHER, MARK I
Address: 1799 NE 164TH STREET SUITE 113
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D ( ) Delete
Name: CONINE, MERLAND J
Address: 1799 NE 164TH STREET SUITE 113
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DST ( ) Delete
Name: HENDRICKSON, WILLIAM
Address: 1799 NE 164TH STREET SUITE 113
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: P,D ( ) Change (X) Addition
Name: KEVIN, FEINGOLD
Address: 8750 AZALEA DRIVE
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK I. FISHER DAT 01/18/2007

Electronic Signature of Signing Officer or Director — Date