

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000060126

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: CARIBBEAN ISLAND DREAMS INC

## Current Principal Place of Business:

1517 MELADY AVENUE  
SEBRING, FL 33870 US

## New Principal Place of Business:

4504 MEDINA WAY  
SEBRING, FL 33875 US

## Current Mailing Address:

1517 MELADY AVENUE  
SEBRING, FL 33870 US

## New Mailing Address:

4504 MEDINA WAY  
SEBRING, FL 33875 US

FEI Number: 20-0968813

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEWIS, JAMES  
1517 MELADY AVENUE  
SEBRING, FL 33870 US

## Name and Address of New Registered Agent:

LEWIS, JAMES  
4504 MEDINA WAY  
SEBRING, FL 33875 US

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: JAMES LEWIS

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LEWIS, JAMES  
Address: 1517 MELADY AVENUE  
City-St-Zip: SEBRING, FL 33870 US

Title: VP ( ) Delete  
Name: LEWIS, TAMMY  
Address: 1517 MELADY AVENUE  
City-St-Zip: SEBRING, FL 33870 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LEWIS, JAMES  
Address: 4504 MEDINA WAY  
City-St-Zip: SEBRING, FL 33875 US

Title: VP (X) Change ( ) Addition  
Name: LEWIS, TAMMY  
Address: 4504 MEDINA WAY  
City-St-Zip: SEBRING, FL 33875 US

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: JAMES LEWIS

P

04/26/2006

Electronic Signature of Signing Officer or Director

Date