

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153380

FILED
May 24, 2005
Secretary of State

Entity Name: ISLAND CARIBBEAN DEVELOPMENT CORP., INC.

Current Principal Place of Business:

407 LINCOLN ROAD SUITE 4-L
MIAMI BEACH, FL 33139

New Principal Place of Business:

4934 PELICAN MNR
COCONUT CREEK, FL 33073

Current Mailing Address:

407 LINCOLN ROAD SUITE 4-L
MIAMI BEACH, FL 33139

New Mailing Address:

4934 PELICAN MNR
COCONUT CREEK, FL 33073

FEI Number: 16-1710262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, PAUL
407 LINCOLN ROAD SUITE 4-L
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

WILSON, PAUL
4934 PELICAN MNR
COCONUT CREEK, FL 33073 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: PAUL WILSON

05/24/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILSON, PAUL
Address: 407 LINCOLN ROAD SUITE 4-L
City-St-Zip: MIAMI BEACH, FL 33139

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change () Addition
Name: WILSON, PAUL
Address: 4934 PELICAN MNR
City-St-Zip: COCONUT CREEK, FL 33073

Title: D,VP () Change (X) Addition
Name: COLLIER, JOHN
Address: 4934 PELICAN MNR
City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL WILSON

DP

05/24/2005

Electronic Signature of Signing Officer or Director

Date