2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2010
Secretary of State

DOCUMENT# P05000015931

Entity Name: CARIBBEAN ASSOCIATION OF ADVENTURE WELLNESS & SPAS, INC.

Current Principal Place of Business:

940 LINCOLN ROAD
SUITE 218
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

11615 GRIFFING BLVD
BISCAYNE PARK, FL 33161 US

Current Mailing Address:

13310 ST. TROPEZ CIRCLE
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 20-2258540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEAL, MARGUERITE A
13310 ST. TROPEZ CIRCLE
PALM BEACH GARDENS, FL 33410 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

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: DP
Name: FISHER, WANDA
Address: 11615 GRIFFING BLVD
City-St-Zip: BISCAYNE PARK, FL 33161

Title: S
Name: DEAL, MARGUERITE A
Address: 13310 ST TROPEZ CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby 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 all other like empowered.

SIGNATURE: MARGUERITE DEAL S 05/01/2010

Electronic Signature of Signing Officer or Director Date