
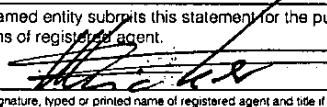
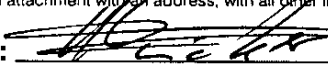


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90354 029 ***158.75

DOCUMENT # P94000058084 1. Entity Name BLUE CARIBBEAN, INC.																											
Principal Place of Business 11300 US HIGHWAY ONE SUITE 203 N. PALM BCH. GARDENS, FL 33408-3208 US		Mailing Address 11300 US HIGHWAY ONE SUITE 203 N. PALM BCH. GARDENS, FL 33408-3208 US																									
2. Principal Place of Business 2401 PGA Blvd.		3. Mailing Address 2401 PGA Blvd.																									
Suite, Apt. #, etc. 148		Suite, Apt. #, etc. 148																									
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL																									
Zip 33410		Zip 33410																									
Country USA		Country USA																									
4. FEI Number 65-0665323		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03032005 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent FRICKER, H M 11300 US HWY ONE, STE 203 N PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name H. M. Fricker Street Address (P.O. Box Number is Not Acceptable) 2401 PGA Blvd., Suite 148 City & State Palm Beach Gardens FL Zip Code 33410																									
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:  H. M. Fricker DATE: 3-15-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FRICKER, H M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11300 US HIGHWAY ONE, STE 203</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>N. PALM BCH. GARDENS, FL 334083208</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	FRICKER, H M		STREET ADDRESS	11300 US HIGHWAY ONE, STE 203		CITY-ST-ZIP	N. PALM BCH. GARDENS, FL 334083208		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>H. M. Fricker</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2401 PGA Blvd., Suite 148</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Palm Beach Gardens, FL 33410</td> <td></td> </tr> </table>		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	H. M. Fricker		STREET ADDRESS	2401 PGA Blvd., Suite 148		CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  H. M. Fricker <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 3-15-05 Daytime Phone #: 561-625-1005																									

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