


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90056 038 \*\*\*150.00

<b>DOCUMENT # P96000017300</b>	
1. Entity Name <b>CARIBBEAN INTERNATIONAL DEVELOPMENT CORPORATION</b>	

Principal Place of Business <b>1100 FIFTH AVENUE SOUTH STE 201 NAPLES, FL 33940</b>	Mailing Address <b>1100 FIFTH AVENUE SOUTH STE 201 NAPLES, FL 33940</b>
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2. Principal Place of Business <b>1100 FIFTH AVENUE SOUTH</b>	3. Mailing Address <b>1100 FIFTH AVENUE SOUTH</b>
Suite, Apt. #, etc. <b>SUITE 201</b>	Suite, Apt. #, etc. <b>SUITE 201</b>
City & State <b>NAPLES FLORIDA</b>	City & State <b>NAPLES FL</b>
Zip <b>34102</b>	Country <b>US</b>



04202004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0651336</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>WINNIE, JOHN S 1100 FIFTH AVENUE SOUTH STE 201 NAPLES, FL 33940</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPST DICKSON, FRANCIS A 1100 FIFTH AVENUE SOUTH STE 201 NAPLES, FL 33940</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPST DICKSON, FRANCIS A 1100 FIFTH AVENUE SOUTH SUITE 201 NAPLES, FL 34102</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 a other like empowered.

**SIGNATURE:**  **Francis A. Dickson** **4-20-04** **239-263-4669**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing