

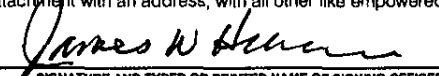


FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # P99000109516 1. Entity Name CARIBBEAN NETWORK INVESTORS, INC.			
Principal Place of Business 3260 UNIVERSITY BLVD., SUITE 210 WINTER PARK, FL 32792		Mailing Address 3260 UNIVERSITY BLVD., SUITE 210 WINTER PARK, FL 32792	
DO NOT WRITE IN THIS SPACE			
		04042007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3649872	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEEKIN, JAMES F JR 215 N EOLA DRIVE ORLANDO, FL 32801		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PDS HEAVENER, JAMES 3260 UNIVERSITY BLVD., #210 WINTER PARK, FL 32792	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PDS HADDOCK, EDWARD E JR 3260 UNIVERSITY BLVD., #210 WINTER PARK, FL 32792	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PDS PHELPS, JONATHAN 3260 UNIVERSITY BLVD., #210 WINTER PARK, FL 32792	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000720230 05/01/07-80096-011 150.00	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date: 4/4/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	