· 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000109516

1. Entity Name

CARIBBEAN NETWORK INVESTORS, INC.



FILED Mar 10, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

3260 UNIVERSITY BLVD., SUITE 210 WINTER PARK, FL 32792

3260 UNIVERSITY BLVD., SUITE 210 WINTER PARK, FL 32792



02122008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3649872

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEEKIN, JAMES F JR 215 N EOLA DRIVE ORLANDO, FL 32801

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				114	INIS 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000851306 03/25/08-80034-017 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS HEAVENER, JAMES 3260 UNIVERSITY BLVD., #210 WINTER PARK, FL 32792				i
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			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/08

Daytime Phone #