

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003707

FILED
Apr 14, 2009
Secretary of State

Entity Name: 2848 CARIBBEAN ISLE, INC.

Current Principal Place of Business:

115 WEST CANON PERDIDO, SUITE 200
SANTA BARBARA, CA 93101

New Principal Place of Business:

1231-B STATE STREET
SANTA BARBARA, CA 93101

Current Mailing Address:

115 WEST CANON PERDIDO, SUITE 200
SANTA BARBARA, CA 93101

New Mailing Address:

1049 POWERS FERRY RD
C/O DEL DEVELOPMENT CORP
MARIETTA, GA 30067

FEI Number: 77-0547228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: KNELL, JAMES P
Address: 115 WEST CANON PERDIDO, SUITE 200
City-St-Zip: SANTA BARBARA, CA 93101

Title: CD () Delete
Name: KNELL, JAMES P
Address: 115 WEST CANON PERDIDO, SUITE 200
City-St-Zip: SANTA BARBARA, CA 93101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: KNELL, JAMES P
Address: 1231-B STATE STREET
City-St-Zip: SANTA BARBARA, CA 93101

Title: CD (X) Change () Addition
Name: KNELL, JAMES P
Address: 1231-B STATE STREET
City-St-Zip: SANTA BARBARA, CA 93101

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES P KNELL

PST

04/14/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date