2004 FOR PROFIT CORPORATION

SIGNATURE:

FILED ANNUAL REPORT Apr 09, 2004 08:00 AM Secretary of State DOCUMENT # P01000074659 1. Entity Name CARIBBEAN COTTAGES, INC. Principal Place of Business Mailing Address 1414 NO. LAKESHORE DR PO BOX 5033 SARASOTA, FL 34231 SARASOTA, FL 34277 02232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1126716 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOOLEY, WILLIAM A DO NOT WRITE 1432 FIRST STREET SARASOTA, FL 34236 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS MILE NAME CREIGHTON, GARRETSON, III. STREET ADDRESS 1414 NO. LAKESHORE DR 000000108322 04/39/04-80052-309-150.00 CITY-ST-ZIP SARASOTA, FL 34231 THIF NAME STREET ADDRESS CITY-ST-7P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CHY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP quality for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information and trial my signature shall have the same legal effect as if made under oath; that I am an officer or director report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the infolindicated on this report or si of the corporation or the changed, or on an attack

ICER OR DIRECTOR