2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000059919

Entity Name: CAMBRIDGE COMMUNITY DEVELOPERS, INC.

FILED Apr 28, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
6905 N WI SUITE 501	ICKHAM ROA	D			
	, RNE, FL 3294	0			
Current M	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
6905 N WICKHAM ROAD SUITE 501					
	, RNE, FL 3294	0			
FEI Number	: 20-1081559	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
KUSH, ROBERT M 6905 N WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940 US			BUESCHER, KEITH 6905 N WICKHAM RC MELBOURNE, FL 329	BUESCHER, KEITH 6905 N WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940 US	
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: KEITH BUESCHER				04/28/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	BUESCHER, S	HAM ROAD, SUITE 501	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KUSH, ROBEF	HAM ROAD, SUITE 501	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SIGMUND, JAI	HAM ROAD, SUITE 500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP (BUESCHER, K) Delete KEITH	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ROBERT M. KUSH DPS3 04/28/2009

6905 N WICKHAM ROAD, SUITE 501

MELBOURNE, FL 32940

Address:

City-St-Zip: