

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001683

FILED
Apr 10, 2008
Secretary of State

Entity Name: NORTH CASCADE INDUSTRIAL CO.

Current Principal Place of Business:

95007 BUCKEYE CT.
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8372
AMELIA ISLAND, FL 32035 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: P () Delete
Name: WEISS, BRAD
Address: P.O. BOX 8372
City-St-Zip: AMELIA ISLAND, FL 32035

Title: S () Delete
Name: WEISS, BRAD
Address: P.O. BOX 8372
City-St-Zip: AMELIA ISLAND, FL 32035

Title: D () Delete
Name: WEISS, BRAD
Address: P.O. BOX 8372
City-St-Zip: AMELIA ISLAND, FL 32035

Title: V () Delete
Name: WEISS, TAWNIA
Address: P.O. BOX 8372
City-St-Zip: AMELIA ISLAND, FL 32035

Title: T () Delete
Name: WEISS, TAWNIA
Address: P.O. BOX 8372
City-St-Zip: AMELIA ISLAND, FL 32035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: WEISS, BRAD
Address: P.O. BOX 8372
City-St-Zip: AMELIA ISLAND, FL 32035

Title: T (X) Change () Addition
Name: WEISS, BRAD
Address: P.O. BOX 8372
City-St-Zip: AMELIA ISLAND, FL 32035

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: BRAD WEISS

P

04/10/2008

Electronic Signature of Signing Officer or Director

_____ Date