
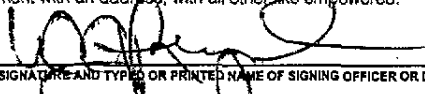


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # J28333 1. Entity Name CASCADE REFERRAL SERVICES, INC.			
Principal Place of Business REYNOLDS, WILLIAM G 2439 BEE RIDGE ROAD SARASOTA, FL 34239-6304 US		Mailing Address REYNOLDS, WILLIAM G 2439 BEE RIDGE ROAD SARASOTA, FL 34239 US	
DO NOT WRITE IN THIS SPACE			
		4. FEI Number 59-2837094	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MINKS, JOHN 3625 SOMERVILLE DR SARASOTA, FL 34232		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS REYNOLDS, WILLIAM G. 446 CAMILE DRIVE OSPREY, FL 34229		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP GILLILAND, RICHARD K. 2158 SYLVAN LEA DR SARASOTA, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MINKS, JOHN 3625 SOMERVILLE DER SARASOTA, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
		<small>Date Daytime Phone #</small>	