
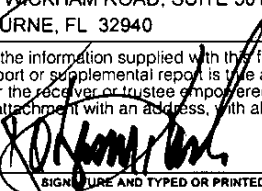


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90327 015 \*\*\*150.00

<b>DOCUMENT # P02000102665</b> 1. Entity Name <b>DAIRY TOWNS COMMUNITY DEVELOPERS, INC.</b>					
Principal Place of Business <b>6905 N. WICKHAM ROAD SUITE 501 MELBOURNE, FL 32940</b>			Mailing Address <b>6905 N. WICKHAM ROAD SUITE 501 MELBOURNE, FL 32940</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>27-0030936</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>KUSH, ROBERT M 6905 N. WICKHAM ROAD SUITE 501 MELBOURNE, FL 32940</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIRARD, SUSAN D 6905 N. WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BESCHER, KEITH 6905 N. WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KUSH, ROBERT M 6905 N. WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONGO, PATRICK 6905 N. WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PRINCE, FRANK R 6905 N. WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SIGMUND, JAMES L 6905 N. WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Kush, Robert M. 6905 N. Wickham Rd., Ste. 501 Melbourne, FL 32940				
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: 		<b>ROBERT M. KUSH</b>		<b>4/21/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	