
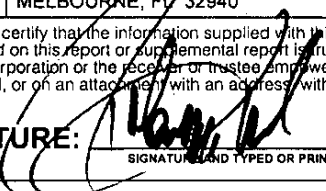


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90327 016 \*\*\*150.00

<b>DOCUMENT # P04000138094</b> 1. Entity Name <b>CASCADES 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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-1969364</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 <span style="float: right;"><b>FL</b> Zip Code</span>	
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>					
<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	DVP BUESCHER, KEITH <input type="checkbox"/> Delete 6905 N WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUESCHER, JON <input checked="" type="checkbox"/> Delete 6905 N WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONGO, PATRICK K <input checked="" type="checkbox"/> Delete 6905 N WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KUSH, ROBERT M <input type="checkbox"/> Delete 6905 N WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Kush, Robert M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6905 N. Wickham Rd., Ste. 501 Melbourne, FL 32940	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT SIGMUND, JAMES L <input type="checkbox"/> Delete 6905 N WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Sigmund, James L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6905 N. Wickham Rd., Ste. 501 Melbourne, FL 32940	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY PRINCE, FRANK R. <input checked="" type="checkbox"/> Delete 6905 N WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			<b>ROBERT M. KUSH</b> <span style="float: right;"><b>4/21/08</b></span>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		