


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90327 010 ***150.00

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1. Entity Name
SWEETWATER COMMUNITY DEVELOPERS, INC.



Principal Place of Business Mailing Address
6905 N. WICKHAM ROAD **6905 N. WICKHAM ROAD**
SUITE 501 **SUITE 501**
MELBOURNE, FL 32940 **MELBOURNE, FL 32940**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04042008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-1430559 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KUSH, ROBERT M
6905 N. WICKHAM ROAD
SUITE 501
MELBOURNE, FL 32940

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> Delete
NAME	BUESCHER, KEITH	
STREET ADDRESS	6905 N. WICKHAM ROAD, SUITE 501	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUESCHER, JON	
STREET ADDRESS	6905 N. WICKHAM ROAD, SUITE 501	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KUSH, ROBERT M	
STREET ADDRESS	6905 N. WICKHAM ROAD, SUITE 501	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	SIGMUND, JAMES L	
STREET ADDRESS	6905 N. WICKHAM ROAD, SUITE 501	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, KENNETH R	
STREET ADDRESS	6905 N. WICKHAM ROAD, SUITE 501	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	SECY	<input checked="" type="checkbox"/> Delete
NAME	PRINCE, FRANK R	
STREET ADDRESS	6905 N. WICKHAM ROAD, SUITE 501	
CITY-ST-ZIP	MELBOURNE, FL 32940	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUSH, ROBERT M.	
STREET ADDRESS	6905 N. Wickham Rd., Ste 501	
CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sigmund, James L.	
STREET ADDRESS	6905 N. Wickham Rd., Ste. 501	
CITY-ST-ZIP	Melbourne, FL 32940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **ROBERT M. KUSH** **4/21/08**
Signature, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #