2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State
02-16-2004 90049 020 ***150.00

DOCUMENT # P02000071445

1. Entity Name
E C CASH, INC.

Principal Place of Business	Mailing Address
406 OYSTER RD NORTH PALM BEACH FL 33408	406 OYSTER RD NORTH PALM BEACH FL 33408

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
13546 CROSSPOINTE DR.	13546 CROSSPOINTE DR.
Suite, Apt #, etc.	Suite, Apt. #, etc.
PALM BEACH GARDENS, FL	PALM BEACH GARDENS, FL.
City & State	City & State
33418 (Zip) USA (Country)	33418 (Zip) USA (Country)

4. FEI Number: 01-0735738 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, THOMAS G 406 OYSTER RD NORTH PALM BEACH FL 33408	Name: THOMAS G. BROWN Street Address (P.O. Box Number is Not Acceptable): 13546 CROSSPOINTE DR. City: PALM BEACH GARDENS FL Zip Code 33418

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 [signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 2-5-04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	BROWN, THOMAS G		NAME		
STREET ADDRESS	406 OYSTER RD		STREET ADDRESS	13546 CROSSPOINTE DR.	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY-ST-ZIP	PALM BEACH GARDENS, FL. 33418	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 2-5-04 — Daytime Phone # (561) 688-7795