

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 08, 2009  
Secretary of State**

DOCUMENT# P08000095165

Entity Name: CASH EXCHANGE INC

**Current Principal Place of Business:**

1885 PALM COVE BLVD  
10-107  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

1885 PALM COVE BLVD  
10-107  
DELRAY BEACH, FL 33445

**New Mailing Address:**

FEI Number: 26-3615010      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANTOUN, MICHAEL G  
1885 PALM COVE BLVD  
10-107  
DELRAY BEACH, FL 33445 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P                    ( ) Delete  
Name: ANTOUN, MICHAEL G  
Address: 1885 PALM COVE BLVD 10-107  
City-St-Zip: DELRAY BEACH, FL 33445

Title: P                    ( ) Delete  
Name: AUBREY, MARK J  
Address: 43459 CHARDONNAY DR  
City-St-Zip: STERLING HEIGHTS, MI 48314

Title:                            ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P                    ( ) Change (X) Addition  
Name: AUBREY, ANTHONY  
Address: 43459 CHARDONNAY DR  
City-St-Zip: STERLING HEIGHTS, MI 48314

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL ANTON

OFFI

06/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date