2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 08:00 A Secretary of State DOCUMENT # P96000086139 CASH NOW, INC. Principal Place of Business Mailing Address 4185 N.W. 103RD DRIVE 4185 N.W. 103RD DRIVE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 04042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0706516 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, JOHN DO NOT WRITE 4185 N.W. 103RD DRIVE CORAL SPRINGS, FL 33065 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS **PVST** TITLE U00000892473 NAME SMITH, JOHN 04/23/08-80067-017 150.00 STREET ADDRESS 4185 N.W. 103RD DRIVE CITY-ST-ZIP CORAL SPRINGS, FL 33065 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling 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 fegal 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #