2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 17, 2008 08:00 AN Secretary of State **DOCUMENT #451221** 1. Entity Name MONEY, INC. Principal Place of Business Mailing Address 1810 6TH ST S.E. P.O. BOX 2089 WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33883 01142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1546042 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DAVIS, DENNIS G. DO NOT WRITE 223 NASSAU ROAD WINTER HAVEN, FL 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.(NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSTD** TITLE DAVIS, DENNIS G NAME 223 NASSAU RD STREET ADDRESS COY-ST-7/P WINTER HAVEN, FL 33884 U00000786954 n1/17/08-80063-011 150.00 TITLE DAVIS, TODD D NAME STREET ADDRESS 233 9TH ST. N.E. CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TALE NAME

12. I hereby 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 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:

STREET ADDRESS CITY-ST-ZIP

NAME - 1

STREET ADDRESS

brrns

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