2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H98633

Entity Name: ANY KIND - CHECKS CASHED, INCORPORATED

FILED Jan 11, 2008 Secretary of State

Current Principal Place of Business:				New Princ	New Principal Place of Business:		
	L PALM BEACI LM BEACH, FL		US				
Current Mailing Address:				New Maili	New Mailing Address:		
	L PALM BEACH LM BEACH, FL		US				
FEI Number: 59-2637217 FEI Number Applied For () FEI N				FEI Number Not Appl	umber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:		
SUITE 204	JAMES R SPERITY FARI CH GARDENS,		0 US				
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:							
		Signature	e of Registered Age	nt		Date	
Election Cam	paign Financing 1	rust Fund	Contribution ().				
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title:	SAMPERI, SHAW 288 SAN REMO D JUPITER, FL 334	DRIVE		Title: Name: Address: City-St-Zip: Title:	SAMPERI, SHA 1116 ROYAL P ROYAL PALM I) Change () Addition IWN D ALM BEACH BLVD BEACH, FL 33411) Change () Addition	
Name: Address: City-St-Zip:	SEASE, GLORIA 8510 WHISPERIN WEST PALM BEA	NG OAKS W		Name: Address: City-St-Zip:	` ,	, g (, ,	
Title: Name: Address: City-St-Zip:	DP () D SEASE, WALLAC 8510 WHISPERIN W. PALM BCH, FI	NG OAK WA	Y	Title: Name: Address: City-St-Zip:	()	Change ()Addition	
Title: Name: Address: City-St-Zin:	DVP () D SEASE, WALLAC 1212 RANCHETTI WEST PALM BEA	E ROAD	411	Title: Name: Address: City-St-Zin:	()	Change () Addition	

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: SHAWN SAMPERI DVP 01/11/2008