2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2007 08:00 AM DOCUMENT # L03154 **Secretary of State** CASHIERS GROUP INC. Mailing Address Principal Place of Business 5581 BURNHAM COURT 5581 BURNHAM COURT N. FORT MYERS, FL 33903 N. FORT MYERS, FL 33903 01082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0129066 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORKHILL, JOHN T PD DO NOT WRITE 5581 BURNHAM COURT N. FORT MYERS, FL 33903 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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550,00 OFFICERS AND DIRECTORS 10. TIME NAME CORKHILL, JOHN T. 5581 BURNHAM COURT STREET ADDRESS CITY ST-78P N. FORT MYERS, FL TD TITLE U00000582059 CORKHILL, JACQUELINE E. NAME 01/11/07-80018-005 158.75 STREET ADDRESS 5581 BURNHAM COURT CITY-ST-ZIP N. FORT MYERS, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-78P

12. Thereby certify that the information supplied with this filing 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 affactment with an address, with all other like empowered.

CICNIATIDE.

NAME STREET ADDRESS CITY+ST-ZIP

July J. Subsil JOHN T. BERHILL , 1-8-07, 239-995-8575