

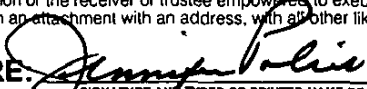


**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

655400 -

<b>DOCUMENT # L65358</b>				<b>Secretary of State</b> 04-30-2008 90189 012 ***150.00		
1. Entity Name <b>DIRECT CHECK REDEMPTION CENTER, INC.</b>						
Principal Place of Business <b>6399 142ND AVE N STE 105 CLEARWATER, FL 33760 US</b>		Mailing Address <b>6399 142ND AVE N #105 CLEARWATER, FL 33760 US</b>				
<b>DO NOT WRITE IN THIS SPACE</b>						
		04252008 No Chg-P CR2E034 (11/05)				
		4. FEI Number <b>59-3021974</b>		Applied For Not Applicable		
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>POLICH, JENNIFER 6399 142ND AVE N #105 CLEARWATER, FL 34620</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS POLICH, JENNIFER 6399 142ND AVE N #105 CLEARWATER, FL					
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12. I hereby 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 attachment with an address, with all other like empowered.						
SIGNATURE 		Date <b>4-24-08</b>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #				