

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L65358

FILED
Mar 20, 2009
Secretary of State

Entity Name: DIRECT CHECK REDEMPTION CENTER, INC.

Current Principal Place of Business:

6399 142ND AVE N
STE 105
CLEARWATER, FL 33760 US

Current Mailing Address:

6399 142ND AVE N
#105
CLEARWATER, FL 33760 US

New Principal Place of Business:

2641 MCCORMICK DR
STE #101
CLEARWATER, FL 33759 US

New Mailing Address:

2641 MCCORMICK DR
#101
CLEARWATER, FL 33759 US

FEI Number: 59-3021974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLICH, JENNIFER
6399 142ND AVE N
#105
CLEARWATER, FL 34620 US

Name and Address of New Registered Agent:

POLICH, JENNIFER
2641 MCCORMICK DR
#101
CLEARWATER, FL 33759 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: J

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: POLICH, JENNIFER,
Address: 6399 142ND AVE N #105
City-St-Zip: CLEARWATER, FL

Title: T () Delete
Name: POLICH, JENNIFER,
Address: 6399 142ND AVE N #105
City-St-Zip: CLEARWATER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: POLICH, JENNIFER,
Address: 2641 MCCORMICK DR #101
City-St-Zip: CLEARWATER, FL 33759

Title: T (X) Change () Addition
Name: POLICH, JENNIFER,
Address: 2641 MCCORMICK DR #101
City-St-Zip: CLEARWATER, FL 33759

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: DOLORES PASTORINO

MANA

03/20/2009

Electronic Signature of Signing Officer or Director

Date