2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2008 08:00 A Secretary of State DOCUMENT # P00000039811 1. Entity Name KWIK KASH SYSTEMS, INC. Principal Place of Business Mailing Address 11200 102ND AVE #157 11200 102ND AVE #157 LARGO, FL 33778 LARGO, FL 33778 No Chg-P CR2E034 (11/05) 01082008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3641252 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEAN, LOUISE DO NOT WRITE 11200 102ND AVENUE # 157 LARGO, FL 33778 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, typed or printed name of registered agent and title if applicable. (NOTE: Fiegistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME DEAN, LOUISE STREET ADDRESS 11200 102ND AVE #157 CITY-ST-21P LARGO, FL 33778 U00000780045 01/14/08~80006-018 150.00 TΠIF NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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:

TITLE

STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR