2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 21, 2007 08:00 AM DOCUMENT # P01000118576 Secretary of State 1. Entity Name CASHBOX INC. Principal Place of Business Mailing Address 3721 NW 109 AVE 3721 NW 109 AVE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 02202007 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 90-0057074 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WICKER, BRIAN C DO NOT WRITE 3721 NW 109 AVE CORAL SPRINGS, FL 33065 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, typed 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 U000000574747 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 03/29/07-80085-002 150.00 10. OFFICERS AND DIRECTORS TITLE WICKER, BRIAN C STREET ADDRESS 3721 NW 109 AVE CORAL SPRINGS, FL 33065 CITY-ST-ZIP 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-ZIP TITLE

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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP