
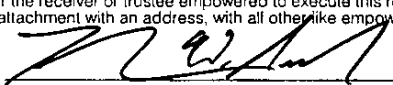


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90004 028 \*\*\*158.75

<b>DOCUMENT # P02000063556</b> 1. Entity Name <b>USA CASH TODAY, INC.</b>					
Principal Place of Business <b>6907 SE 12TH CIRCLE OCALA, FL 34480</b>			Mailing Address <b>6907 SE 12TH CIRCLE OCALA, FL 34480</b>		
2. Principal Place of Business <b>2610 SW 20th Cir</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 416</b> Suite, Apt. #, etc.			
City & State <b>Ocala, FL</b> Zip <b>34474-7063</b>		City & State <b>McIntosh, FL</b> Zip <b>32664-0416</b>		4. FEI Number <b>56-2282923</b>	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PEEK, DAVID H 1301 RIVERPLACE BLVD., STE. 1609 JACKSONVILLE, FL 32207</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROTZ, RICHARD C</b> <b>6907 SE 12TH CIRCLE</b> <b>OCALA, FL 34480</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, P, S</b> <b>2610 SW 20th Cir</b> <b>Ocala, FL 34474-7063</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ASSELIN, THOMAS W</b> <b>6907 SE 12TH CIRCLE</b> <b>OCALA, FL 34480</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, T</b> <b>P.O. Box 416</b> <b>McIntosh, FL 32664</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ASSELIN, TRESA A</b> <b>6907 SE 12TH CIRCLE</b> <b>OCALA, FL 34480</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>7-26-05</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					