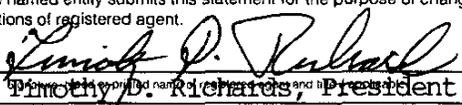
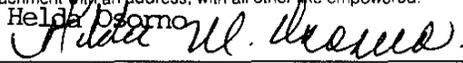


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000011192																										
1. Entity Name CASHMAKER, CORP																										
Principal Place of Business 7171 CORAL WAY 104 MIAMI, FL 33155		Mailing Address 7171 CORAL WAY 104 MIAMI, FL 33155																								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2665 S. Bayshore Drive																								
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 703																								
City & State		City & State Miami, FL																								
Zip		Zip 33133																								
Country		Country USA																								
4. FEI Number 32-0056394		Applied For <input type="checkbox"/> Not Applicable																								
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																								
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																								
OSORNO, HELDA M P 7171 CORAL WAY 104 MIAMI, FL 33155		Name World Corporate Services, Inc.																								
		Street Address (P.O. Box Number is Not Acceptable) 2665 S. Bayshore Drive, Suite 703																								
		City Miami FL Zip Code 33133																								
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 		DATE 3/13/07																								
<p style="font-weight: bold; font-size: 0.8em;">FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																								
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: 3/13/07 (305) 858-9900																								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																								