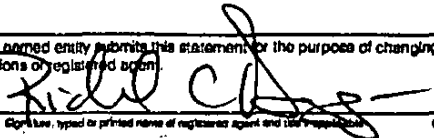
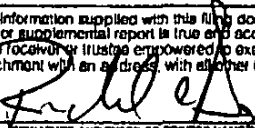


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 26, 2005 8:00 am
Secretary of State

04-29-2005 90231 013 ****50.00
05-26-2005 90026 019 ***100.00

DOCUMENT # P04000097525					
1. Entity Name CASH COW HOLDINGS, INC.					
Principal Place of Business 728 WEST SMITH STREET ORLANDO, FL 32804			Mailing Address 728 WEST SMITH STREET ORLANDO, FL 32804		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-153025A	
5. Certificate of Status Desired ☐				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DREGGORS, RICK 728 WEST SMITH STREET ORLANDO, FL 32804			7. Name and Address of New Registered Agent Name Richard C. Dreggors Street Address (P.O. Box Number is Not Acceptable) 728 West Smith Street City Orlando FL Zip Code 32804		
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 4/13/05 (NOTE: Registered Agent signature required when retreating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00			9. Election Campaign Financing True! Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 fiduciary 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 4/13/05 842-6278 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					