

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000118637

Entity Name: CASH FLOW, INC.

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

3410 GALT OCEAN DR  
#207N  
FT. LAUDERDALE, FL 33308

## Current Mailing Address:

3410 GALT OCEAN DR  
#207N  
FT. LAUDERDALE, FL 33308

## New Principal Place of Business:

201 SE 2ND AVENUE  
SUITE 419  
GAINESVILLE, FL 32601

## New Mailing Address:

PO BOX 357522  
GAINESVILLE, FL 32635

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHEPARD, KATHY E  
3410 GALT OCEAN DR  
#207N  
FT. LAUDERDALE, FL 33308 US

## Name and Address of New Registered Agent:

SHEPARD, KATHY E  
201 SE 2ND AVENUE  
SUITE 419  
GAINESVILLE, FL 32601 US

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.

SIGNATURE: KATHY E. SHEPHARD

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SHEPARD, KATHY E  
Address: 3410 GALT OCEAN DR #207N  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: S ( ) Delete  
Name: SHEPARD, KATHY E  
Address: 3410 GALT OCEAN DR #207N  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: T ( ) Delete  
Name: SHEPARD, KATHY E  
Address: 3410 GALT OCEAN DR #207N  
City-St-Zip: FT. LAUDERDALE, FL 33308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SHEPARD, KATHY E  
Address: PO BOX 357522  
City-St-Zip: GAINESVILLE, FL 32635

Title: S (X) Change ( ) Addition  
Name: SHEPARD, KATHY E  
Address: PO BOX 357522  
City-St-Zip: GAINESVILLE, FL 32635

Title: T (X) Change ( ) Addition  
Name: SHEPARD, KATHY E  
Address: PO BOX 357522  
City-St-Zip: GAINESVILLE, FL 32635

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY E. SHEPHARD

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date