2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# P07000051709

Entity Name: DA MONEY, INC.

Current Principal Place of Business:

323 HILLTOP ROAD
CENTURY, FL 32535

New Principal Place of Business:

Current Mailing Address:

PO BOX 952
CENTURY, FL 32535

New Mailing Address:

FEI Number: 20-0514331 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COTTRELL, ANNIE M
323 HILLTOP ROAD
P.O. BOX 952
CENTURY, FL 32535 US

Name and Address of New Registered Agent:

COTTRELL, ANNIE M
323 HILLTOP ROAD
CENTURY, FL 32535 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: _____ 03/04/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COTTRELL, ANNIE
Address: 323 HILLTOP RD
City-St-Zip: CENTURY, FL 32535

Title: S ( ) Delete
Name: LOWERY, KATHY
Address: 7198 BIRAGE LN
City-St-Zip: MILTON, FL 32570

Title: VP ( ) Delete
Name: LEWIS, AMADA
Address: 5116 PETOMPIC DR
City-St-Zip: MILTON, FL 32571

Title: T ( ) Delete
Name: COCHRAN, JODY
Address: 10073 CALLE DE PALENCEIA
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ANNIE COTTRELL PRES 03/04/2009
Electronic Signature of Signing Officer or Director — Date