2006 FOR PROFIT CORPORATION

Mar 08, 2006 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P95000047494 1. Entity Name 03-08-2006 90189 026 ***150.00 EZ MONEY PAWN OF PINELLAS, INC. Principal Place of Business Mailing Address 6671 PARK BLVD 6671 PARK BLVD TCFTODOC PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 01202006 No Chq-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3351675 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TICHENOR, JAMIE DO NOT WRITE 6671 PARK BLVD PINELLAS PARK BEVB. FL. 34665. IN THIS SPACE 33781 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. JITLE TICHENOR, JAMIE L NAME 6671 PARK BLVD STREET ADDRESS PINELLAS PARK, FL 34685 33781 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

CITY-ST-ZIP

SIGNATURE:

ichenor 2-11-06 727-541-7215

FILED