2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P95000061812

Entity Name: CASH MANAGEMENT SOLUTIONS, INC.

Current Principal Place of Business:

13921 ICOT BOULEVARD
SUITE 710
CLEARWATER, FL 33760 US

New Principal Place of Business:

Current Mailing Address:

13921 ICOT BOULEVARD
SUITE 710
CLEARWATER, FL 33760 US

New Mailing Address:

FEI Number: 59-3490325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIGAKOS, ARMANDA
19622 GULF BLVD
INDIAN SHORES, FL 33785 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DCEO	( ) Delete
Name:	RIGAKOS, ARMINDA	
Address:	13921 ICOT BOULEVARD, SUITE 710	
City-St-Zip:	CLEARWATER, FL 33760 US	
Title:	DTCO	( ) Delete
Name:	ELKINS, WALTER	
Address:	13921 ICOT BOULEVARD, SUITE 710	
City-St-Zip:	CLEARWATER, FL 33760 US	
Title:	DTCF	( ) Delete
Name:	MCKIBBEN, FRED	
Address:	13921 ICOT BOULEVARD, SUITE 710	
City-St-Zip:	CLEARWATER, FL 33760 US	
Title:	VP	( ) Delete
Name:	JONES, LAWRENCE	
Address:	13921 ICOT BOULEVARD, SUITE 710	
City-St-Zip:	CLEARWATER, FL 33760 US	
Title:	VP	( ) Delete
Name:	MURRAY, EDWARD	
Address:	13921 ICOT BOULEVARD, SUITE 710	
City-St-Zip:	CLEARWATER, FL 33760 US	

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:	
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: FRED MCKIBBEN DTCF 04/30/2009

Electronic Signature of Signing Officer or Director Date