

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000061812

FILED
Oct 16, 2009
Secretary of State**Entity Name:** CASH MANAGEMENT SOLUTIONS, INC.**Current Principal Place of Business:**13921 ICOT BOULEVARD
SUITE 710
CLEARWATER, FL 33760**New Principal Place of Business:****Current Mailing Address:**13921 ICOT BOULEVARD
SUITE 710
CLEARWATER, FL 33760**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:**CORPDIRECT AGENTS, INC.
515 E PARK AVE
TALLAHASSEE, FL 32301 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

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 (X) 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: DP (X) Change () Addition
Name: MURRAY, EDWARD
Address: 13921 ICOT BOULEVARD, SUITE 710
City-St-Zip: CLEARWATER, FL 33760 US

Title: DS (X) Change () Addition
Name: ELKINS, WALTER
Address: 13921 ICOT BOULEVARD, SUITE 710
City-St-Zip: CLEARWATER, FL 33760 US

Title: DT (X) Change () Addition
Name: CASH, JACQUELINE
Address: 13921 ICOT BOULEVARD, SUITE 710
City-St-Zip: CLEARWATER, FL 33760 US

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: ARMINDA RIGAKOS

DCEO

10/16/2009

Electronic Signature of Signing Officer or Director

Date