## 2007 FOR PROFIT CORPORATION

## **FILED** ANNUAL REPORT Apr 16, 2007 08:00 A Secretary of State **DOCUMENT # P96000086139** 1. Entity Name CASH NOW, INC. Principal Place of Business Mailing Address 4185 N.W. 103RD DRIVE 4185 N.W. 103RD DRIVE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 04102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0706516 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SMITH, JOHN 4185 N.W. 103RD DRIVE CORAL SPRINGS, FL 33065 IN THIS SPACE 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, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PVST** TITLE SMITH, JOHN NAME STREET ADDRESS 4185 N.W. 103RD DRIVE CORAL SPRINGS, FL 33065 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TiTLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME 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, with all other like empowered,

SIGNATURE:

CITY-ST-ZIP TITLE NAME - STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR P INTED NAME OF SIGNING OFFICER OR DIRECTOR