FILED Apr 07, 2008 08:00 A Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

PO NOT WRITE IN THIS SPACE On NOT WRITE IN THIS SPACE In THIS SPACE S. Name and Address or Courset Preglatered Agent CASHIN, SUSAN 300 OCEAN DR 87 KEY LARGO, FL 3037 DO NOT WRITE IN THIS SPACE In THIS SPACE In THIS SPACE OFFICERS AND DIRECTORS Tout fund company for registered agent, or both, in the State of Fiorida. I am familier with, and accepted the second of the s	DOCUMENT # P960001 1. Entity Name CASH MART INVESTMENTS, IN						
DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0723326 Applied For 65-072326 App	98251 OVERSEAS HWY	PO BOX 213					
CASHIN, SUSAN 300 OCEAN OR #7 KEY LARGO, FL 33037 B. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. I am familiar with, and accelerate objectives of registered agent. or both, in the State of Florida. I am familiar with, and accelerate objectives of registered agent. or both, in the State of Florida. I am familiar with, and accelerate objectives of registered agent. or both, in the State of Florida. I am familiar with, and accelerate objectives of registered agent. or both, in the State of Florida. I am familiar with, and accelerate objectives of registered agent. or both, in the State of Florida. I am familiar with, and accelerate objectives of registered agent. or both, in the State of Florida. I am familiar with, and accelerate objectives of registered agent. or both, in the State of Florida. I am familiar with, and accelerate objectives of registered agent. or both, in the State of Florida. I am familiar with, and accelerate objectives of registered agent. or both, in the State of Florida. I am familiar with, and accelerate objectives of registered agent. or both, in the State of Florida. I am familiar with, and accelerate objectives of registered agent. or both, in the State of Florida. I am familiar with, and accelerate objectives of Florida. I am familiar with, and accelerate objectives of Florida. I am familiar with, and accelerate objectives of Florida. I am familiar with, and accelerate objectives of Florida. I am familiar with, and accelerate objectives of Florida. I am familiar with, and accelerate objectives of Florida. I am familiar with, and accelerate objectives of Florida. I am familiar with, and accelerate objectives of Florida. I am familiar with, and accelerate objectives of Florida. I am familiar with, and accelerate objectives of Florida. I am familiar with, and accelerate objectives of Florida. I am familiar with, and accelerate objectives of Florida. I am familiar with, and accelerate objectives of Florid		CE	01112008 No Chg-P CR2E034 (11/05) 4. FEI Number				
SIGNATURE Signature, speed or present remain an against and site if applicable PILE NOWITH FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TOUR FLANCES SIRET ALORESS SIRET ALORES	CASHIN, SUSAN 300 OCEAN DR #7	AN PROPERTY OF THE PROPERTY OF		_ - -			
TITLE CASHIN, SUSAN 300 OCEAN DRIVE #7 KEY LARGO, FL 33037 TITLE VD MARTIN, BRADLEY 116 S. COCO PLUM KEY LARGO, FL TITLE MARE SITER TADDRESS DITY-51-73P TITLE MARE SIT	the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered. FILE NOWIII FEE IS \$150.00	agent and side if applicable (NOTE Registers 9. Election Campaign Final	ad Agent signeture required	when remotiting)			
DO NOT WRITE IN THIS SPACE THE IN THIS SPACE STRET ADDRESS CITY-ST-ZP TITLE MAKE STRET ADDRESS CITY-ST-ZP TITLE MAKE STRET ADDRESS CITY-ST-ZP TITLE MAKE STRET ADDRESS CITY-ST-ZP TITLE STRET ADDRESS CITY-ST-ZP TITLE	TITLE PD CASHIN, SUSAN STREET ADDRESS CITY-ST-2P KEY LARGO, FL 33037 TITLE VD MARTIN, BRADLEY STREET ADDRESS 116 S. COCO PLUM	AND DIRECTORS		*	U0000 04/17/09	00884711 3-80054-	023 150.0
ITTLE STREET ADDRESS DITY-ST-ZP TITLE SUME STREET ADDRESS DITY-ST-ZP TITLE 12. I hereby certify that the information supplied with this filing 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 furstee empowered to execute this report as reourse 607. Florida Statutes and that my name appears in Block 10 or Block 110.	AME TREET ADDRESS STY-ST-ZIP ITLE AME TREET 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 1	TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS						
SIGNATURE: 2000 Casher 4/1/08 305.451.2196	 I hereby certify that the information supplied indicated on this report or supplemental rep of the corporation or the receiver or trustee or changed, or on an attachment with an address 	empowered to execute this report as requiess, with all other like empowered.	emptions contained ture shall have the s ired by Chapter 607	, Florida Statutes;	and that my name	e appears in Bloc	k 10 or Block 11 if