


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P99000026902</b> 1. Entity Name <b>DANDE CASH SYSTEMS, INC.</b>	
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Principal Place of Business <b>11200 102ND AVENUE #157 LARGO, FL 33778</b>	Mailing Address <b>11200 102ND AVENUE #157 LARGO, FL 33778</b>
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**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3565345</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DEAN, LOUISE  
11200 102ND AVE, #157  
LARGO, FL 33778**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEAN, LOUISE 11200 102ND AVENUE #157 LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DANCY, MEL 14850 WESTON RD KING CITY, ON 178 ik4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEAN, LOUISE 11200 102ND AVE., #157 LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DANCY, THELMA 14850 WESTON RD. KING CITY, ON 178 ik4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/14/08-80006-016 150.00

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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 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:** Louise Dean LOUISE DEAN, PRESIDENT 01/09/08 (727) 319-6049  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #