2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005
Secretary of State

DOCUMENT# F03000005138

Entity Name: MEDCHECK, INC

Current Principal Place of Business:

3450 LAKESIDE DR., STE. 610
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

2010 MAIN ST., STE. 600
IRVINE, CA 92614

New Mailing Address:

FEI Number: 41-1696781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DCOB ( ) Delete
Name: CLEMONS, V. GORDON
Address: 3450 LAKESIDE DR., STE. 610
City-St-Zip: MIRAMAR, FL 33027

Title: CEOP ( ) Delete
Name: CLEMONS, V. GORDON
Address: 3450 LAKESIDE DR., STE. 610
City-St-Zip: MIRAMAR, FL 33027

Title: DVP ( ) Delete
Name: DONNELLY, MICHAEL
Address: 3450 LAKESIDE DR., STE. 610
City-St-Zip: MIRAMAR, FL 33027

Title: DST ( ) Delete
Name: SCHWEPPE, RICHARD J
Address: 3450 LAKESIDE DR., STE. 610
City-St-Zip: MIRAMAR, FL 33027

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD SCHWEPPE CFO 01/28/2005

Electronic Signature of Signing Officer or Director — Date