2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2006 08:00 Al

DOCUMENT # J25534 1. Entity Name CHECK EXPRESS, INC.			Secretary of State
Principal Place of Business 1231 GREENWAY DRIVE STE. 800 IRVING, TX 75038 US	Mailing Address 1231 GREENWAY DRIVE STE. 600 IRVING, TX 75038 US	-	
DO NOT WRITE 6. Name and Address of Current Re		CE	03032006 No Chg-P CR2E034 (11/05) 4. FEI Number
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	title if applicable. (NOTE Register 9. Election Campaign Fina	red Agent signature required	red agent, or both, in the State of Florida. I am familiar with, and accept when reinstaing) DATE .00 May Be led to Fees
10. OFFICERS AND DISTRICT AND DISTRICT ADDRESS 1231 GREENWAY DR., SUITE 600 IRVING, TX 75038 TITLE VCTD NAME MCCALMONT, WILLIAM S STREET ADDRESS 1231 GREENWAY DR., SUITE 600 CRY-SI-ZIP IRVING, TX 75038			16 m n n n/5/1597 16 m n n n/5/1597 150 do
TITLE VSD NAME EVANS, WALTER E. STREET ADDRESS 1231 GREENWAY DRIVE, SUITE 6 CITY-ST-ZIP IRVING, TX 75038 FITLE NAME	500		DO NOT WRITE IN THIS SPACE
SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP IITLE NAME			

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06

972-550-5040