


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000065453 1. Entity Name CHECK EXPRESS FINANCE, INC.	
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Principal Place of Business 1231 GREENWAY DRIVE 800 IRVING, TX 75038 US	Mailing Address 1231 GREENWAY DRIVE SUITE 650 IRVING, TX 75038 US
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03032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3206802	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD SHIPOWITZ, JAY 1231 GREENWAY DR., SUITE 600 IRVING, TX 75038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MCCALMONT, WILLIAM S 1231 GREENWAY DR., STE. 600 IRVING, TX 75038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO EVANS, WALTER E 1231 GREENWAY DR., STE 600 IRVING, TX 75038
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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: Walter Evans Walter Evans 4/13/06 972-550-5040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #