


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2008 08:00 AM  
Secretary of State

DOCUMENT # 539447 1. Entity Name CHECKTRAC, INC.	
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Principal Place of Business 2933 SOUTH FLORIDA AVE., SUITE #4 LAKELAND, FL 33803	Mailing Address 2933 SOUTH FLORIDA AVE., SUITE #4 LAKELAND, FL 33803
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**DO NOT WRITE IN THIS SPACE**



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1747065	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
SCHARAR, TOM E  
2933 SOUTH FLORIDA AVE., SUITE #4  
LAKELAND, FL 33803

**DO NOT WRITE 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 reinstalling) DATE \_\_\_\_\_

<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"/> \$5.00 May Be Added to Fees
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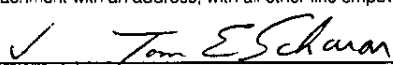
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHARAR, TOM E 2933 SOUTH FLORIDA AVE., SUITE #4 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SARGEANT, RALPH 2933 SOUTH FLORIDA AVE., SUITE #4 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HALL, ANDREW III 2933 SOUTH FLORIDA AVE., SUITE #4 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCHARAR, DAPHNE 2933 SOUTH FLORIDA AVE., SUITE #4 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000995320  
04/24/08-80063-019 150.00

**DO NOT WRITE IN THIS SPACE**

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:  4-10-8 863 ✓ 687-4663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #