2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005
Secretary of State

DOCUMENT# F02000001806

Entity Name: ELECTRONIC CHECK CORPORATION

Current Principal Place of Business:

1790 LEE TREVINO DR., STE. 313
EL PASO, TX 79936

New Principal Place of Business:

1790 LEE TREVINO DR., STE. 504
EL PASO, TX 79936

Current Mailing Address:

1790 LEE TREVINO DR., STE. 313
EL PASO, TX 79936

New Mailing Address:

P. O. BOX 960458
EL PASO, TX 79996

FEI Number: 74-2988738 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WOODS, BRUCE
Address: 1790 LEE TREVINO DR., STE. 313
City-St-Zip: EL PASO, TX 79936

Title: ST ( ) Delete
Name: WOODS, PATRICIA
Address: 1790 LEE TREVINO DR., STE. 313
City-St-Zip: EL PASO, TX 79936

Title: VP ( ) Delete
Name: RODRIGUEZ, KARI
Address: 1790 LEE TREVINO DR., STE. 313
City-St-Zip: EL PASO, TX 79936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WOODS, BRUCE
Address: 1790 LEE TREVINO DR., STE. 504
City-St-Zip: EL PASO, TX 79936

Title: ST (X) Change ( ) Addition
Name: WOODS, PATRICIA
Address: 1790 LEE TREVINO DR., STE. 504
City-St-Zip: EL PASO, TX 79936

Title: VP (X) Change ( ) Addition
Name: RODRIGUEZ, KARI
Address: 1790 LEE TREVINO DR., STE. 504
City-St-Zip: EL PASO, TX 79936

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: BRUCE WOODS PRES 05/13/2005
Electronic Signature of Signing Officer or Director Date