

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001806

FILED  
May 23, 2006  
Secretary of State

Entity Name: ELECTRONIC CHECK CORPORATION

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 960458  
EL PASO, TX 79996

**New Mailing Address:**

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. 504  
City-St-Zip: EL PASO, TX 79936

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

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

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

PD

05/23/2006

Electronic Signature of Signing Officer or Director

Date