
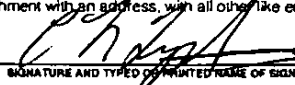


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-11-2005 90129 016 ***150.00

DOCUMENT # F04000003261 1. Entity Name CHECKMATIC, INC.					
Principal Place of Business 103 A COMMERCIAL CIRCLE STE 104 COMROE, TX 77304			Mailing Address P.O. BOX 130021 THE WOODLANDS, TX 77393-0021		
2. Principal Place of Business 5326 SPRING STVENFR		3. Mailing Address Suite, Apt. #, etc. 0			
Suite, Apt. #, etc. BLDG 100C		City & State SPRING, TX			
City & State SPRING, TX		Zip 77389		Country USA	
4. FEI Number 74-3089561				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 FLORIDA INCORPORATING AND REGISTERED AGENT 122 WEST HILLCREST STREET ALTAMONTE SPRINGS, FL 32714			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 reissuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTC TIPTON, CHRIS 24202 GLENLOCH DR SPRING, TX 77380 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSV TIPTON, KELLY 24202 GLENLOCH DR SPRING, TX 77380 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 			Date: 6-1-05 Daytime Phone #: 866-488-2300		

66021798



01052005 Chg-P CR2E034 (10/03)