


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # J09406
 1. Entity Name
RECORD CHECK, INC.



Principal Place of Business
P.O. BOX 2108
ORLANDO, FL 32802-2108

Mailing Address
P.O. BOX 2108
ORLANDO, FL 32802-2108

DO NOT WRITE IN THIS SPACE



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2657262

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CUNNINGHAM, THOMAS W.
3580 EMERYWOOD LANE
ORLANDO, FL 32812

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 _____ 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, 2008 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	PSD CUNNINGHAM, THOMAS W. 3580 EMERYWOOD LANE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUNNINGHAM, PENNY H. 3580 EMERYWOOD LN. ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASSICK, SANDRA C 2520 WOODCOTE TERRACE PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLISON, DEBORAH C 4101 TERIWOOD AVE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000849100
 03/21/08-80007-010 150.00

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: Thomas W. Cunningham Date: 3/3/08 Daytime Phone #: 407 859 6428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS W. CUNNINGHAM, PRESIDENT