

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000067854

FILED
Apr 27, 2007
Secretary of State

Entity Name: CHECK RECOVERY SERVICES, INC.

Current Principal Place of Business:

3504 LAKE LYNDA DRIVE
SUITE 410
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

PO BOX 2145
GOLDENROD, FL 32733

New Mailing Address:

FEI Number: 02-0625295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, STEVE
PO BOX 2145
GOLDENROD, FL 32733 US

Name and Address of New Registered Agent:

COX, STEVE
3504 LAKE LYNDA DR
SUITE 410
ORLANDO, FL 32817 US

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: SC

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COX, STEVE
Address: PO BOX 2145
City-St-Zip: GOLDENROD, FL 32733

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COX, STEVE
Address: PO BOX 2145
City-St-Zip: G, FL 32733

I hereby certify that the information supplied with this filing does not qualify 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: S COX

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date