2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State DOCUMENT # P03000043136 02-24-2006 90013 021 ***158.75 1. Entity Name TRIPLECHECK, INC. Principal Place of Business Mailing Address u v v 😁 7601 E. TREASURE DR. SUITE 15 % VERONICA HAWTHORNE May of the ! 342 LAKE JUNE ROAD NORTH BAY VILLAGE, FL 33141 LAKE PLACID, FL 33852 3. Mailing Address Principal Place of Business Treasure Drive Suite, Apt. #, etc. 02222006 CR2E034 (11/05) Chq-P City & State 4. FEI Number Applied For 03-0515111 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHOOLEY, JAMES P ESQ Street Address (P.O. Box Number is Not Acceptable) 1635 N. BAYSHORE DR. # 104 MIAMI, FL 33132-1215 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1993 B. B. 17 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. -.11. ... Addition Change TITLE □ Delete TITLE HAWTHORNE, BRIAN: NAME NAME 1535 Bay Drive 7601 E. TREASURE DR. SUITE 15 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141 CITY-ST-ZIP VΡ TITLE ☐ Change ☐ Addition TITLE ☐ Delete HAWTHORNE, STEPHEN NAME NAME STREET ADDRESS STREET ADDRESS 342 LAKE JUNE ROAD CITY-ST-ZIP LAKE PLACID, FL 33852 CITY-ST-ZIP TOTLE ☐ Delete TITLE ☐ Change ☐ Addition HAWTHORNE, VERONICA NAME NAME STREET ADDRESS STREET ADDRESS 342 LAKE JUNE ROAD LAKE PLACID, FL 33852 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information is 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.

FILED

Feb 24, 2006 8:00 am