## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 20, 2004 8:00 am Secretary of State

| PRINCIPAL PRICE OF Business*  1.450 ZENTH WAY WESTON, FL 33327  2. Principal Prince of Business*  Suite, Apt. 6. etc.  Suite, Apt. 6. etc.  Suite, Apt. 6. etc.  City & Stude  City & St | DOCUMENT # P0300095431  1. Entity Name BACKGROUND CHECKS.COM, INC. |  |                                  |                    |                           | 01-20-2004 90049 025 ***150.00 |   |                  |                                 |                                 |
|--|--|--|----------------------------------|--------------------|---------------------------|--------------------------------|---|------------------|---------------------------------|---------------------------------|
| ### Principal Place of Business   2. Matting Address   | Principal Place  | e of Business  | Mailing Address                  |                    |                           |                                |   |                  |                                 |                                 |
| Suite: Apt. 4, etc.   City & State   |  |  |                                  |                    |                           | E I A A I RESE FLU S           | rien ilm <del>ee</del> ns aana aal            | 7 88118 (Big) Wi |                                 | 1 <b>1 6</b> 1 45 (1 <b>3</b> 1 |
| City & State  Ci | 2. Principal P   | tace of Business                                     | 3. Mailing Address               | 3. Mailing Address |                           |                                |   |                  |                                 |                                 |
| Part      | Suite, Apt. #. etc.  |  |                                  |                    |                           | Chg-P                          | CR2E0   |                  |                                 |                                 |
| Name and Address of Current Registered Agent   |  |  |                                  |                    | 4. FEI Number 20 - 0      | 20004                          |   | No               | t Applicable                    |                                 |
| Name   SPIEGEL & UTRERA, P.A.   1840 SW 22ND ST.   441H ELOOR   1870 MIAMI, FL 33145   18   | Zip  | Country  | Ζip                              | Coun               | iry .                     | 5. Certificate o               | Status Desired                                | 므                | <b>58.75</b> Add<br>se Required | itional                         |
| SPICEGEL & UTRERA, P.A. 14TH FLOOR MIAMI, FL 33145  City FL 2D Control |  | 6. Name and Address of Current                       | Registered Agent                 |                    |                           | 7. Name and A                  | ddress of New R                               |                  |                                 |                                 |
| Since I Address (P.O. Box Number is Not Acceptable)  The ODE  The  | 2015051  |  |                                  |                    | Name                      |                                |   |                  | -                               |                                 |
| MIAMI, FL 33145  6. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and soccept the obtagalions of registered agent, or both, in the State of Florida. I am familiar with and soccept the obtagalions of registered agent, or both, in the State of Florida. I am familiar with and soccept the obtagalions of registered agent, or both, in the State of Florida. I am familiar with and soccept the obtagalions of registered agent, or both, in the State of Florida. I am familiar with and soccept the obtagalions of registered agent, or both, in the State of Florida. I am familiar with and soccept the obtagalions of registered agent, or both, in the State of Florida. I am familiar with and soccept the obtagalions of registered agent, or both, in the State of Florida. I am familiar with and soccept the obtagalions of registered agent, or both, in the State of Florida. I am familiar with and soccept the obtagalions of registered agent, or both, in the State of Florida. I am familiar with and soccept the observation of the state of Florida. I am familiar with and soccept the observation of the state of Florida. I am familiar with and soccept the observation of the state of Florida. I am familiar with and soccept the state of Florida. I am familiar with and soccept the state of Florida. I am familiar with and soccept the state of Florida. I am familiar with and soccest the state of Florida. I am familiar with and soccess the state of Florida. I am familiar with and soccess the state of Florida. I am familiar with and soccess the state of Florida. I am familiar with and soccess the state of Florida. I am familiar with and soccess the state of Florida. I am familiar with and soccess the state of Florida. I am familiar with and soccess the state of Florida. I am familiar with and soccess the state of Florida. I am familiar with and soccess the state of Florida. I am familiar with and soccess the state of Florida. I am familiar with an | 1840 SW 22ND ST.   |  |                                  |                    | Street Address (          | P.O. Box Number                | is Not Acceptable                             | e)<br>           |                                 |                                 |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATUFE  |  |  |                                  |                    |                           |                                |   |                  |                                 | •                               |
| SIGNATUFE    Signature   Signa |  |  |                                  |                    | City                      |                                |   | FL               | Zip Code                        | В                               |
| Suppose or performance of quarteen degree and care   Part   Par   |  |  | or the purpose of changing its   | registere          | ed office or registe      | red agent, or both             | , in the State of Flo                         |                  | amiliar with.                   | and accept                      |
| After May 1, 2004 Fee will be \$55,00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE   | SIGNATURE.   | Signature, typed or printed name of registered agent | r and title ¥ applicable. (NOTE. | . Registere        | O Agent signature require | i when reinstaling)            |   | DATE             |                                 |                                 |
| TITLE   MAME   MCKINNON, MARIA C   MAME      |  |  | ن مرسا                           |                    |                           |                                | , <u>, , , , , , , , , , , , , , , , , , </u> | ,                |                                 |                                 |
| TITLE   MAME   MCKINNON, MARIA C   MAME      | 10.  | OFFICERS AND   | DIRECTORS                        | 11.                |                           | ADDITIONS/C                    | HANGES TO OFF                                 | ICERS AND        | DIRECTORS                       | S IN 11                         |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | · · · · · · · · · · · · · · · · · · ·                |                                  |                    |                           |                                |   |                  |                                 |                                 |
| CITY-ST-ZIP   WESTON, FL 33327   | í  | 1  |                                  | •                  |                           |                                |   |                  |                                 |                                 |
| TITLE  | [_   | l  |                                  |                    | 1                         |                                |   |                  |                                 |                                 |
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| 12. I hereby certify that the information supplied with this filling 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 Bk changed, or on an attachment with an address, with all other like empowered.