2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P04000016759

Entity Name: DOUBLE - CHECK, INC.

Current Principal Place of Business:

589 SUTTON PLACE
LONGBOAT KEY, FL 34228 US

New Principal Place of Business:

795 MARBURY LANE
LONGBOAT KEY, FL 34228 US

Current Mailing Address:

589 SUTTON PLACE
LONGBOAT KEY, FL 34228 US

New Mailing Address:

795 MARBURY LANE
LONGBOAT KEY, FL 34228 US

FEI Number: 35-2223782 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WM, KARY
589 SUTTON PLACE
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

WM, KARY
795 MARBURY LANE
LONGBOAT KEY, FL 34228 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: WM KARY 04/30/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KARY, WILLIAM
Address: 589 SUTTON PLACE
City-St-Zip: LONGBOAT KEY, FL 34228 US

Title: VP ( ) Delete
Name: LEU, DOUGLAS
Address: 6936 AIRPORT HIGHWAY
City-St-Zip: HOLLAND, OH 42528 US

Title: SEC ( ) Delete
Name: WITHERSPOON, CATHY
Address: 2834 LONGVIEW
City-St-Zip: ROCHESTER HILLS, MI 48307 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KARY, WILLIAM
Address: 795 MARBURY LANE
City-St-Zip: LONGBOAT KEY, FL 34228 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: WM KARY P 04/30/2008
Electronic Signature of Signing Officer or Director Date