

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000062039

FILED
Apr 30, 2007
Secretary of State

Entity Name: SELECT CHECK SERVICES, INC.

Current Principal Place of Business:

5889 AIRPORT ROAD
SUITE 1416
PORT ORANGE, FL 32128

Current Mailing Address:

5889 AIRPORT ROAD
SUITE 1416
PORT ORANGE, FL 32128

New Principal Place of Business:

5889 AIRPORT ROAD
SUITE 1419
PORT ORANGE, FL 32128

New Mailing Address:

5889 AIRPORT ROAD
SUITE 1419
PORT ORANGE, FL 32128

FEI Number: 20-1002210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEROSA, RONALD
5889 AIRPORT ROAD
SUITE 1416
PORT ORANGE, FL 32128 US

Name and Address of New Registered Agent:

DEROSA, RONALD
5889 AIRPORT ROAD
SUITE 1419
PORT ORANGE, FL 32128 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:

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DE ROSA, RONALD
Address: 5889 AIRPORT ROAD, SUITE 1416
City-St-Zip: PORT ORANGE, FL 32128

Title: V () Delete
Name: FRAIZE, JERRY
Address: 12213 NW 35TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S () Delete
Name: DE ROSA, SHERYL J
Address: 5889 AIRPORT ROAD SUITE 1416
City-St-Zip: PORT ORANGE, FL 32128

Title: T () Delete
Name: FRAIZE, SUSAN
Address: 12213 NW 35TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DE ROSA, RONALD
Address: 5889 AIRPORT ROAD, SUITE 1419
City-St-Zip: PORT ORANGE, FL 32128

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

Title: S (X) Change () Addition
Name: DE ROSA, SHERYL J
Address: 5889 AIRPORT ROAD SUITE 1419
City-St-Zip: PORT ORANGE, FL 32128

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: RONALD DEROSA

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date