

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000118319

FILED
Mar 29, 2006
Secretary of State

Entity Name: HOUSE CHECKS PROPERTY MANAGEMENT CORP.

Current Principal Place of Business:

305 WINDMILL PALM AVE.
PLANTATION, FL 33324

New Principal Place of Business:

1580 SAWGRASS CORP. PARKWAY
SUITE 130
SUNRISE, FL 33323

Current Mailing Address:

305 WINDMILL PALM AVE.
PLANTATION, FL 33324

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STASKOWSKI, BONNIE
305 WINDMILL PALM AVE.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AMORELLO, LYNDIA
Address: 305 WINDMILL PALM AVE.
City-St-Zip: PLANTATION, FL 33324

Title: V () Delete
Name: STASKOWSKI, BONNIE
Address: 305 WINDMILL PALM AVE.
City-St-Zip: PLANTATION, FL 33324

Title: T () Delete
Name: YAZEJIAN, ARMAND
Address: 305 WINDMILL PALM AVE.
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: STASKOWSKI, ROBERT DR.
Address: 305 WINDMILL PALM AVE.
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AMORELLO, LYNDIA
Address: 1580 SAWGRASS CORP. PARKWAY
City-St-Zip: SUNRISE, FL 33323

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

Title: T (X) Change () Addition
Name: YAZEJIAN, ARMAND
Address: 1580 SAWGRASS CORP PARKWAY
City-St-Zip: SUNRISE, FL 33324

Title: D (X) Change () Addition
Name: STASKOWSKI, ROBERT P
Address: 305 WINDMILL PALM AVE.
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the 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: BONNIE STASKOWSKI

VP

03/29/2006

Electronic Signature of Signing Officer or Director

Date