2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 16, 2007 08:00 AN DOCUMENT # P94000017098 **Secretary of State** 1. Entity Name CHECKET CORPORATION Principal Place of Business Mailing Address 4701 N FEDERAL HWY 4701 N FEDERAL HWY SUITE 450 **SUITE 450** LIGHTHOUSE POINT, FL 33064 LIGHTHOUSE POINT, FL 33064 CR2E034 (11/05) 01032007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0478981 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BENTZ, LEO L DO NOT WRITE COMPSON FINANCIAL CENTER 980 NORTH FEDERAL HIGHWAY #205 IN THIS SPACE BOCA RATON, FL 33432 5. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Unnana596087 Trust Fund Contribution. Added to Fees 01/16/07-80039-009 150.00 10. OFFICERS AND DIRECTORS TITLE NAME CHECKET, EVERETT S STREET ADDRESS 4701 N FEDERAL HWY SUITE 450 CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 THE HAME STREET ADDRESS CITY-ST-ZIP TIME NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP HILE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TELE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

7317 E NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR