2006 FOR PROFIT CORPORATION **FILED ANNUAL REPORT (AR)** Jan 23, 2006 08:00 AM CUMENT # P96000077734 **Secretary of State** E CHECK SERVICES, INCORPORATED P at Place of Business Mailing Address CLLY DRIVE 15 UTILITY DRIVE SUITE B PALM COAST FL 32137 COAST FL 32137 ž gal Place of Business 3. Mailing Address ne, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) & State City & State 4. FEI Number Applied For 59-3400605 Not Applicat Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STOVER, DONALD E Street Address (P.O. Box Number is Not Acceptable) 15 UTILITY DRIVE **S**UITE B PALM COAST FL 32137 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 access 8 Tigations of registered agent S Signature, typed or printed frome of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May D atter May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Pheck Payable to Florida Department of State ħ ti OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ۲1. ŢŢ Delete 3117 ☐ Change Addition N/ STOVER, DONALD E NAME U00000397486 01/30/06-80052-803 150.00 Sī P O BOX 352631 18 FAIRCHILD LANE STREET ADDRESS CI PALM COAST FL 32135-2631 CITY-ST-ZIP m ☐ Delete BBF ☐ Change Auditi ST STREET ADDRESS CY CITY-ST-2IP 311 ☐ Change Dalete 🔲 Ardib. N/ MAME ST STREET AUDRESS CT CITY-SY-2IP W Delete HILE ☐ Change 日科部 Nρ NAME **S7** STREET ADORESS CI7 CHY-SI-ZIP m ☐ Delete ☐ Change BILE Addition NΑ NAME 570 STREET ADDRESS Cn City-ST-ZIP 737 ☐ Delete TITLE □ Change The Administration of the Control of 1(4 NAME

STREET ADDRESS

Teby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information licated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director 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 transped, or on an attachment with an address, with all other like empowered.

01-18-06

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