

2005 FOR PROFIT CORPORATION ANNUAL REPORT

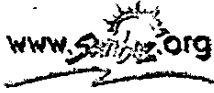
FILED
Jun 10, 2005 8:00 am
Secretary of State

06-10-2005 90047 039 ***150.00

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # P99000092133 1. Entity Name CHECKS BY WEB, INC. | | | |  | |
| Principal Place of Business 9770 S MILITARY TRL. #380 BOYNTON BEACH, FL 33436 US | | | Mailing Address 11271 GOLFRIDGE LANE BOYNTON BEACH, FL 33437 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| 4. FEI Number 65-0955062 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent SCHWARTZ, LARRY 11271 GOLFRIDGE LANE BOCA RATON, FL 33487 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SCHWARTZ, LARRY 11271 GOLFRIDGE LANE BOCA RATON, FL 33487 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SAX, PEARL 11271 GOLFRIDGE LANE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. | | | | | |
| SIGNATURE: <u>Larry Schwartz</u> LARRY SCHWARTZ 6/6/05 561-737-7500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

ATTACHMENT

40087787



Division of Corporations

Annual Report

Document Number

P99000092133

Business Entity Name

CHECKS BY WEB, INC.

FEI Number

650955062

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 9770 S MILITARY TRL.
Suite, Apt. #, etc. #380
City, State BOYNTON BEACH, FL
Zip Code & Country 33436 US

Mailing Address

Address 11271 GOLFRIDGE LANE
Suite, Apt. #, etc.
City, State BOYNTON BEACH, FL
Zip Code & Country 33437 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) SCHWARTZ, LARRY, PRESIDENT

-or- RA Business Name

Address 11271 GOLFRIDGE LANE
Suite, Apt. #, etc. Boynton Beach
City, State BOCA RATON, FL
Zip Code & Country 33487 US 33437

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes

ATTACHMENT

forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

4008778 7
P99000092 133

Title P/O
Name (Last, First, Middle, Title) SCHWARTZ, LARRY
-or- Entity Name
Street Address 11271 GOLFRIDGE LANE
City, State BOYNTON BEACH, FL
Zip Code & Country 33487 33437

Title VP / D
Name (Last, First, Middle, Title) SAX, PEARL
-or- Entity Name
Street Address 11271 GOLFRIDGE LANE
City, State BOYNTON BEACH, FL
Zip Code & Country 33437

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country