2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000092133

1. Entity Name
CHECKS BY WEB, INC.

Principal Place of Business	Mailing Address
9770 S MILITARY TRL. #380 BOYNTON BEACH, FL 33436 US	11271 GOLFRIDGE LANE BOYNTON BEACH, FL 33437 US

DO NOT WRITE IN THIS SPACE

04232008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0955062	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, LARRY
11271 GOLFRIDGE LANE
BOCA RATON, FL 33487

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

U00000929566
05/21/08-80074-010 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHWARTZ, LARRY
STREET ADDRESS	11271 GOLFRIDGE LANE
CITY-ST-ZIP	BOCA RATON, FL 33487

TITLE	VP
NAME	SAX, PEARL
STREET ADDRESS	11271 GOLFRIDGE LANE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE: *Larry Schwartz*   4/24/08   561-737-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
LARRY SCHWARTZ