## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 04, 2005 8:00 am Secretary of State

DOCUMENT # F0400002704  1. Entity Name MANUFACTURERS ACCEPTANCE CORPORATION							05-04-2005 90137 004 ***150.00					
Principal Place of Business Mailing Address												
3439 W. SHA Fresno, Ca			3439 W. SHAW AVENUE FRESNO, CA 93711				1 (98)(88 110		. Selli Sella II	<b></b>	11 <b>8</b> \$1 11 (\$\$11)	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04292005	Chg-P	CR2E0	034 (10/03)		
City & State			City & State		4. FEI Number 94-2684171					plied For at Applicable		
Zip		Country	Zip				5. Certificate of Status Desire			Sa.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent							
NRALSERVICES, INC.						Name						
2731 EXECUTIVE PARK DRIVE SUITE 4					Street Address (P.O. Box Number is Not Acceptable)							
WESTON,	FL 33331											
					City	City FL Zip Code					<del>)</del>	
The above named entity submits this statement for the purpose of changing its registered office of the obligations of registered agent.							ed agent, or both	h, in the State of Flor	rida. I am	familiar with,	and accept	
SIGNATURE												
FIL After Ma	E NOW!!! ay 1, 2005	FEE IS \$150.00 5 Fee will be \$550.0	9. Election Campa Trust Fund Cor	ncing	<b>\$5.</b> ! Adde	00 May Be ed to Fees				****		
10.	y	∼OFFICERS AND	DIRECTORS	11.				CHANGES TO OFFI	CERS AND	DIRECTORS	IN 11	
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CITY-ST-ZIP				NAME		Ott	o, Joh			XI Change		
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	<del></del>	SERT, CA 92260	□ Delete	STRE CITY-	ET ADDRESS -ST-ZIP	Ott 49- Pal	o, Joh 355 Su m Dese	nrose Lai	ne 9226(	)		
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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 propelemental 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 ecceiver or tristee 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 attagment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

TURE AND TYPED OR PANTED NAME OF SIGNING OFFICER OR DIRECTOR

0 Date | 29 | 6 T