2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90137 004 ***150.00

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1. Entity Name
MANUFACTURERS ACCEPTANCE CORPORATION

Principal Place of Business	Mailing Address
3439 W. SHAW AVENUE FRESNO, CA 93711	3439 W. SHAW AVENUE FRESNO, CA 93711

04292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 94-2684171 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	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 _____
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	CP OTTO, JOHN W 49-355 SUNROSE LANE PALM DESERT, CA 92260	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO Otto, John W 49-355 Sunrose Lane Palm Desert, CA 92260	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCVP LITT, CHARLES V 6001 N OCEAN DR., #1407 HOLLYWOOD, FL 33019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXVP Litt, Charles V 6001 N Ocean Dr. #1407 Hollywood, FL 33019	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERNANDEZ, ANDY 3439 W. SHAW AVE. FRESNO, CA 93711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO Fernandez, Andy 3439 W Shaw Ave Fresno, CA 93711	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREEMAN, NEAL 3439 W. SHAW AVE. FRESNO, CA 93711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO Freeman, Neal 3439 W Shaw Ave. Fresno, CA 93711	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEWIS, NORMA J 3439 W. SHAW AVE. FESNO, CA 93711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. Lewis, Norma J 3439 W. Shaw Ave. Fresno, CA 93711	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #