


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90030 026 ***158.75

DOCUMENT # F05000004135

1. Entity Name
ACCOUNTS RECEIVABLE CREDIT INC.



Principal Place of Business
**1340 12TH AVE
 LONGVIEW, WA 98632**

Mailing Address
**P.O. BOX 1787
 LONGVIEW, WA 98632**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country

01052006 Chg-P CR2E034 (11/05)

4. FEI Number
91-0987877

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

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

FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LAKEFISH, HERBERT I | |
| STREET ADDRESS | 1340 12TH AVE | |
| CITY ST ZIP | LONGVIEW, WA 98632 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | LOVINGFOSS, PHILLIP GUY | |
| STREET ADDRESS | 1340 12TH AVE | |
| CITY ST ZIP | LONGVIEW, WA 98632 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | PINKSTON, RACHEL ELAINE | |
| STREET ADDRESS | 1340 12TH AVE | |
| CITY ST ZIP | LONGVIEW, WA 98632 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | SOPHER, JANICE | |
| STREET ADDRESS | 1340 12TH AVE | |
| CITY ST ZIP | LONGVIEW, WA 98632 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Kathleen Kenney | |
| STREET ADDRESS | 1340 12th Ave | |
| CITY-ST-ZIP | Longview WA 98632 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: Nationwide Credit Service Inc
Janice Sopher Sec/COO JANICE Sopher Jan 5, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

360-425-6950
 X-217
Daytime Phone #