

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004135

FILED
Feb 22, 2007
Secretary of State

Entity Name: ACCOUNTS RECEIVABLE CREDIT INC.

Current Principal Place of Business:

1340 12TH AVE
LONGVIEW, WA 98632

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1787
LONGVIEW, WA 98632

New Mailing Address:

FEI Number: 91-0987877 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAKEFISH, HERBERT I
Address: 1340 12TH AVE
City-St-Zip: LONGVIEW, WA 98632

Title: P () Delete
Name: LOVINGFOSS, PHILLIP GUY
Address: 1340 12TH AVE
City-St-Zip: LONGVIEW, WA 98632

Title: T () Delete
Name: KENNEY, KATHLEEN
Address: 1340 12TH AVENUE
City-St-Zip: LONGVIEW, WA 98632

Title: S () Delete
Name: SOPHER, JANICE
Address: 1340 12TH AVE
City-St-Zip: LONGVIEW, WA 98632

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE SOPHER

S

02/22/2007

Electronic Signature of Signing Officer or Director

_____ Date