


**FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90011 047 \*\*\*150.00

<b>DOCUMENT #</b> F05000004135	
1. Entity Name <b>ACCOUNTS RECEIVABLE CREDIT INC.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box # <b>1340 12th Avenue</b>	3. Mailing Address <b>1340 12th Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Longview, WA</b>	City & State <b>Longview, WA</b>
Zip <b>98632</b>	Country <b>United States</b>
Zip <b>98632</b>	Country <b>United States</b>

4. FEI Number <b>91-0987877</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>Corporation Service Company</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b>	
City <b>Tallahassee</b>	FL Zip Code <b>32301-2525</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Phillip Lovingfoss 1340 12th Avenue Longview, WA 98632
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO Robert Nemhauser 1340 12th Avenue Longview, WA 98632
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary/Treasure/COO Janice Sopher 1340 12th Avenue Longview, WA 98632
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director David Spurgeon 1340 12th Avenue Longview, WA 98632
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Joseph Daggy 1340 12th Avenue Longview, WA 98632
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Janice Sopher, COO 9/22/08 360-425-6930  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**JANICE SOPHER, Chief Operating Officer**