## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000004135

Title:

Name:

Address:

City-St-Zip:

FILED Mar 17, 2009 Secretary of State

Entity Name: ACCOUNTS RECEIVABLE CREDIT INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1340 12TH LONGVIEW	AVENUE /, WA 98632					
Current Mailing Address:			New Maili	New Mailing Address:		
1340 12TH AVENUE LONGVIEW, WA 98632			PO BOX 1787 LONGVIEW, WA 98632			
FEI Number:	91-0987877	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
1201 HAYS TALLAHAS	SEE, FL 3230 <sup>.</sup> named entity su	12525 US	urpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR						
		Signature of Registered Ager	nt		Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ()[ LAKEFISH, HERI 1340 12TH AVE LONGVIEW, WA		Title: Name: Address: City-St-Zip:	P () LOVINGFOSS 1340 12TH AV LONGVIEW, V	/E	
Title: Name: Address: City-St-Zip:	P ()[ LOVINGFOSS, P 1340 12TH AVE LONGVIEW, WA		Title: Name: Address: City-St-Zip:	CEO (X) Change ( ) Addition NEMHAUSER, ROBERT I 1340 12TH AVE LONGVIEW, WA 98632		
Title: Name: Address: City-St-Zip:	T ()[ KENNEY, KATHL 1340 12TH AVEN LONGVIEW, WA	IUE	Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition SOPHER, JANICE E 1340 12TH AVENUE LONGVIEW, WA 98632		
Title: Name: Address:	S ()[ SOPHER, JANIC 1340 12TH AVE	Delete E	Title: Name:	D () SPURGEON, I 1146 14TH AV	X) Change ()Addition DAVID J	

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PHILLIP LOVINGFOSS P 03/17/2009

( ) Delete

( ) Change (X) Addition

DAGGY, JOSEPH O

LONGVIEW, WA 98632

1801 1ST AVENUE, SUITE 4A