## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000001730

Entity Name: AUTOMOTIVE FINANCE CORPORATION

FILED Jan 06, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
13085 HAM CARMEL, II		SING BLVD., SUITE 300 S				
Current Mailing Address:			New Maili	New Mailing Address:		
13085 HAM CARMEL, II		SING BLVD., SUITE 300				
FEI Number:	35-1699152	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address of C	ırrent Registered Agent:	Name and	Address of	New Registered Agent:	
1200 S. PIN	DRATION SYS IE ISLAND RD DN, FL 33324					
The above in the State	named entity si of Florida.	ubmits this statement for the p	urpose of changing i	ts registered	office or registered agent, or both,	
SIGNATURE:						
	Electroni	c Signature of Registered Age	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:	BRADLEY, TODI	N CROSSING BLVD., #300	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	GARTZKE, DAVI	N CROSSING BLVD., #500	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HITCHCOCK, CA	N CROSSING BLVD., #500	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	GEITNER, BRIAN	N CROSSING BLVD., #300	Title: Name: Address: City-St-Zip:	PHILLIPS, CU	TON CROSSING BLVD., #500	
Title: Name: Address: City-St-Zip:	GARCIA, JOEL C	N CROSSING BLVD., #300	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	WIDHOLM, JEFF	N CROSSING BLVD., #300	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOEL G. GARCIA S 01/06/2005