2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# F07000005825

Entity Name: AXCESS RECOVERY AND CREDIT SOLUTIONS, INC.

Current Principal Place of Business:

5155 FINANCIAL WAY
MASON, OH 45040

New Principal Place of Business:

Current Mailing Address:

5155 FINANCIAL WAY
MASON, OH 45040

New Mailing Address:

FEI Number: 26-1340543 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PC ( ) Delete
Name: WILLIAMS, JERRY R
Address: 5155 FINANCIAL WAY
City-St-Zip: MASON, OH 45040

Title: VCS ( ) Delete
Name: SCHALLER, STEPHEN J
Address: 5155 FINANCIAL WAY
City-St-Zip: MASON, OH 45040

Title: DV ( ) Delete
Name: BROADERS, JESSE
Address: 5155 FINANCIAL WAY
City-St-Zip: MASON, OH 45040

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: T ( ) Change (X) Addition
Name: NEU, ROBERT W
Address: 5155 FINANCIAL WAY
City-St-Zip: MASON, OH 45040

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.

SIGNATURE: STEPHEN J SCHALLER VCS 04/24/2008

Electronic Signature of Signing Officer or Director Date