2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2005 8:00 am Secretary of State 04-26-2005 90227 001 ***300.00

| DOCUMENT # 517556 1. Entity Name PIPER ACCEPTANCE CORPORATION | | | | | | | | |
|--|--|--|---------------------------------------|---|-------------------|--------------------|-------------------------------|--|
| Principal Place of Business 2926 PIPER DRIVE VERO BEACH, FL 32960-1328 | | Mailing Address 2926 PIPER DRIVE VERO BEACH, FL 32960-1328 | | | 66012988 | | | |
| 2. Principal F | Pace of Business | 3. Mailing Address | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 03102005 | Chg-P | CR2E034 (10/03 |) | |
| City & Stat | e | City & State | | 4. FEI Number 59-1713 | | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | | of Status Desired | S8.75 A | dditional red | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and | Address of New | Registered Agent | | |
| FRANZKE, SUZON W 2926 PIPER DR. VERO BEACH, FL 32960 | | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | City | | · · · · | FL Zip Co | de | |
| | Signature, typed or printed name of registered agent E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550. | 9. Election Campaign | · · · · · · · · · · · · · · · · · · · | 55.00 May Be | | DATE | | |
| 10. | OFFICERS AND | | 11. | ADDITIONS/C | HANGES TO OF | FICERS AND DIRECTO | RS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SUMA, CHARLES M. 2926 PIPER DRIVE VERO BEACH, FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV GALLO, JOHN J 2926 PIPER DR. VERO BEACH, FL 32960 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | · · · · · · · | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT NEWMAN, PAUL A 2926 PIPER DRIVE VERO BEACH, FL | X 2 Delete | | DT John Cantlin 2926 Piper Driv Vero Beach, FL | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS FRANZKE, SUZON W 2926 PIPER DR. VERO BEACH, FL 32960 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-S1-ZIP | | | ☐ Civenge | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delote | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | ☐ Change | Addition | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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 Block 11 if changed, or on an attachment with an address, with all other life empowered.

| SIGN | ΔΤΙ | IR | F٠ |
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SUZON W. FRANZKE, J.D.

772.299.2817