FILED Apr 09, 2007 08:00 A Secretary of State

DOCUMENT # 517556 1. Entity Name PIPER ACCEPTANCE CORPORATIO	REPORT	N	
Principal Place of Business 2926 PIPER DRIVE VERO BEACH, FL 32960-1328	Mailing Address 2926 PIPER DRIVE VERO BEACH, FL 32960-1328	3	
			03272007 No
DO NOT WRITE	IN THIS SPA	CE	4. FEI Number 59-1713972
The state of the s			5. Certificate of State
6. Name and Address of Current Ro HARKINS, FRANCIS J 2926 PIPER DR. VERO BEACH, FL 32960	ngistered Agent		DO NO

SIGNATURE:

Applied For Not Applicable

		812 MINIC 812 WINIC 4184: ACRICAN N. 3
03272007	No Chg-P	CR2E034 (11/05)

5. Certricate of Status Desired See Required \$8.75 Additional Fee Required

DO NOT WRITE

VERO BEA	ACH, FL 32960	in a second	THIS SPACE		
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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
FIL After Ma	E NOWILL FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 Prost Fund Contribution	ncing \$5.00 May Be			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECTORS DP BASS, JAMES 2926 PIPER DR VERO BEACH, FL 32960				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GOULD, KEVIN 2926 PIPER DR VERO BEACH, FL 32960		04/17/07-80068-013,150.00		
FITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KELLEY, MICHAEL 2926 PIPER DR VERO BEACH, FL 32960	<u>_</u> Bayera Alfa ay ay a sa sa kaba	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HARKINS, FRANCIS 2926 PIPER DR. VERO BEACH, FL 32960		THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR