


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90033 004 \*\*\*150.00

<b>DOCUMENT # 814224</b> 1. Entity Name FORD MOTOR CREDIT COMPANY	
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Principal Place of Business 1 AMERICAN ROAD, LEGAL OFFICE DEARBORN, MI 48121-6027 US	Mailing Address PO BOX 6044 LEGAL OFFICE DEARBORN, MI 48121-6027 US
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**DO NOT WRITE IN THIS SPACE**



02012006 No Chg-P CR2E034 (11/05)

4. FEI Number 38-1612444	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO BANNISTER, MICHAEL E 1 AMERICAN RD. DEARBORN, MI 48126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD CHENAULT, TERRY DON 1 AMERICAN RD. DEARBORN, MI 48121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, SUSAN J 1 AMERICAN RD. DEARBORN, MI 48121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEE, ANN O 1 AMERICAN RD. DEARBORN, MI 48121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SWARTZ, JAMES M 1 AMERICAN RD. DEARBORN, MI 48121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHENAULT, TERRY D 1 AMERICAN RD. DEARBORN, MI 48126

**DO NOT WRITE  
IN THIS SPACE**

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:**  **Carl S. Good**  
Assistant Secretary  
2/13/06 (713) 390-3148  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

40013323  
#814224

**FORD MOTOR CREDIT COMPANY**

Diane Monberg  
License Specialist  
Phone: (313) 390-3188  
FAX: (313) 390-3212

One American Road  
P.O. Box 6044 - Legal Office  
Dearborn, MI 48121-6044  
E-Mail: [dmonberg@ford.com](mailto:dmonberg@ford.com)

February 8, 2006

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

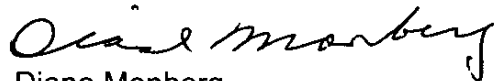
**RE: FORD MOTOR CREDIT COMPANY ("FORD CREDIT")  
2006 UNIFORM BUSINESS REPORT #814224**

Dear Sir/Madam:

Enclosed please find a company check in the amount of \$150.00, to satisfy the filing requirements for the above report on behalf of FORD CREDIT. Please note that the check contains an accepted "check plate signature".

If you have any questions in connection with this filing, please contact me at the phone number listed above.

Sincerely,

  
Diane Monberg  
Legal Office

Enc: Uniform Business Report Form  
Check #001843525