


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90293 008 ***150.00

| | |
|--|---|
| DOCUMENT # F01000004434 |  |
| 1. Entity Name ACCREDITED COLLECTION AGENCY INC. | |

| | |
|--|--|
| Principal Place of Business 47 E RIDGEWOOD AVE RIDGEWOOD, NJ 07450 | Mailing Address 47 E RIDGEWOOD AVE RIDGEWOOD, NJ 07450 |
|--|--|

50050893



02192005 Chg-P CR2E034 (10/03)

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|------------------------------------|--|
| 4. FEI Number 22-3562871 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| WINTERS, JEFFREY A. SPANISH RIVER PLAZA 500 SPANISH RIVER BLVD., STE. 6 BOCA RATON, FL 33431 | |

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|---|------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|------------------------------------|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WINTER, JEFF 47 E RIDGEWOOD AVE RIDGEWOOD, NJ 07450 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WINTERS, JEFFREY A. 47 E RIDGEWOOD AVE RIDGEWOOD, NJ 07450 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:  **4/27/05** **201-670-6851**

Ronald DeFilippis, CPA, PFS, MBA
Margaret Moratz, CPA, PFS
Joseph Velocci, CPA

Attachment
50050893
FOI000004434
MILLS AND D'EFILIPPIS
CERTIFIED PUBLIC ACCOUNTANTS, LLP

Glenn R. Thurnes, CPA
Stuart S. Wagner, CPA
Thomas M. Dempsey, CPA

TO Accredited Collection Agency DATE 2/17/05

INSTRUCTIONS FOR FILING THE ENCLOSED TAX RETURN

FORM NUMBER FLORIDA ANNUAL REPORT DUE DATE 5/1/05

(Please Note Only Items Checked)

- ☒ Please have an officer, ~~representative~~ of the organization sign the enclosed tax return where indicated by the checkmark.
- ☒ Amount of tax due with this return \$ 150.00
- ☐ Make check payable to: CORPORATION TAX
- ☐ Make check payable to: STATE OF NEW JERSEY
- ☐ Make check payable to: YOUR COMMERCIAL BANK
- ☒ Make check payable to: FLORIDA DEPT. OF STATE
- ☒ Please write your federal identification number on your check.
- ☒ Mail the check and the return in the enclosed envelope by the due date shown above.
- ☐ Deposit the check and depository coupon at your commercial bank by the due date shown above.
- ☐ There is no tax due with this return. Mail the signed return in the enclosed envelope by the due date shown above.
- ☐ Your overpayment of \$ _____ will be refunded to you.
- ☐ Your overpayment of \$ _____ will be credited to your estimated taxes for next year.

REMARKS: _____

Randolph Office
791 Route 10 East
Randolph, NJ 07869-1925
(973) 927-7780 FAX (973) 927-0003

www.md4cpa.com

Sparta Office
Foresight Bldg. • 156 Woodport Road
Sparta, NJ 07871-2393
(973) 729-9393 FAX (973) 729-7420