


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90114 038 ***150.00

DOCUMENT # F01000004590	
1. Entity Name LONG BEACH ACCEPTANCE CORP.	

Principal Place of Business ONE MACK CENTRE DRIVE PARAMUS, NJ 07652	Mailing Address ONE MACK CENTRE DRIVE PARAMUS, NJ 07652
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2. Principal Place of Business - No P.O. Box # One Mack Centre Drive Suite, Apt. #, etc.	3. Mailing Address One Mack Centre Drive Suite, Apt. #, etc.
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City & State Paramus, NJ	City & State Paramus, NJ
Zip 07652	Country Bergen

00014000



01172007 Chg-P CR2E034 (12/06)

4. FEI Number 33-0660404	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD PROUGH, STEPHEN W 500 N STATE COLLEGE BLVD ORANGE, CA 92868 <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	VCOO KAHN, STEVEN A ONE MACK CENTRE DRIVE PARAMUS, NJ 07652 <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	VS GINSBERG, GEORGE S ONE MACK CENTRE DRIVE PARAMUS, NJ 07652 <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	VCFO PANKEY, MICHAEL J ONE MACK CENTRE DRIVE PARAMUS, NJ 07652 <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	D NOTO, THOMAS 1100 TOWN & COUNTRY ROAD ORANGE, CA 92868 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Daniel E. Berce 801 Cherry St., Ste. 3900 Fort Worth, TX 76107 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAZER, JOHN P 1100 TOWN & COUNTRY ROAD ORANGE, CA 92868 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Chris A. Choate 801 Cherry St., Ste. 3900 Fort Worth, TX 76107 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: 	1-29-07	201-477-7521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Yvonne Bastien, Assistant Secy.		