2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2007
Secretary of State

DOCUMENT# F03000000451

Entity Name: AMERICAN CREDIT ALLIANCE, INC.

Current Principal Place of Business:

2 SOUTH DELMORR AVE
MORRISVILLE, PA 19067

New Principal Place of Business:

Current Mailing Address:

2 SOUTH DELMORR AVE
MORRISVILLE, PA 19067

New Mailing Address:

FEI Number: 22-3183518 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSINESS FILINGS INC.
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CP	( ) Delete
Name:	FRANKLIN, ALAN	
Address:	9 TOWNSEND ROAD	
City-St-Zip:	YARDLEY, PA 19067	
Title:	VCVP	( ) Delete
Name:	FRANKLIN, ALLEGRIA	
Address:	9 TOWNSEND ROAD	
City-St-Zip:	YARDLEY, PA 190672108	
Title:	D	( ) Delete
Name:	KUTLER, JEFFREY	
Address:	216 ST JOHNS PLACE	
City-St-Zip:	BROOKLYN, NY 11217	
Title:	D	( ) Delete
Name:	ALBERT, ANDREW	
Address:	150 W. 88TH STREET	
City-St-Zip:	NEW YORK, NY 10024	
Title:	S	( ) Delete
Name:	FRANKLIN, JOHN	
Address:	9 TOWNSEND ROAD	
City-St-Zip:	YARDLEY, PA 19067	
Title:	T	( ) Delete
Name:	FRANKLIN, DEIRDRE	
Address:	315 E 77TH STREET, APT. 1G	
City-St-Zip:	NEW YORK, NY 10021	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEGRIA FRANKLIN VCVP 07/27/2007

Electronic Signature of Signing Officer or Director — Date