


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000006882
 1. Entity Name
 ASSOCIATED CREDITORS EXCHANGE, INC.



Principal Place of Business 3443 N. CENTRAL AVE. SUITE 1100 PHOENIX, AZ 85012	Mailing Address 3443 N. CENTRAL AVE. SUITE 1100 PHOENIX, AZ 85012
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02272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-0634219	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331

DO NOT WRITE IN 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BERARDI, JOSEPH A 3443 NORTH CENTRAL AVE SUITE 1100 PHOENIX, AZ 85012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BERARDI, PATRICIA A 3443 NORTH CENTRAL AVE SUITE 1100 PHOENIX, AZ 85012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERARDI, MATTHEW J 3443 NORTH CENTRAL AVE SUITE 1100 PHOENIX, AZ 85012
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 03/21/08-80008-020 150.00

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: Matthew J Berardi **2/27/08** **(602) 954-6554**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #