

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004916

FILED
Jan 11, 2007
Secretary of State

Entity Name: MICHIGAN FIDELITY ACCEPTANCE CORPORATION

Current Principal Place of Business:

25800 NORTHWESTERN HIGHWAY STE 875
SOUTHFIELD, MI 48075

New Principal Place of Business:

25800 NORTHWESTERN HIGHWAY STE 500
SOUTHFIELD, MI 48075

Current Mailing Address:

25800 NORTHWESTERN HIGHWAY STE 875
SOUTHFIELD, MI 48075

New Mailing Address:

25800 NORTHWESTERN HIGHWAY STE 500
SOUTHFIELD, MI 48075

FEI Number: 38-3075078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PILCOWITZ, ROBERT
Address: 25800 NORTHWESTERN HIGHWAY
City-St-Zip: SOUTHFIELD, MI 48075

Title: VCFO () Delete
Name: MOROF, HOWARD
Address: 25800 NORTHWESTERN HIGHWAY
City-St-Zip: SOUTHFIELD, MI 48075

Title: SD () Delete
Name: KING, EDAN
Address: 25800 NORTHWESTERN HIGHWAY
City-St-Zip: SOUTHFIELD, MI 48075

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT PILCOWITZ

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01/11/2007

Electronic Signature of Signing Officer or Director

Date