

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008477

FILED
Apr 28, 2005
Secretary of State

Entity Name: AMERICAN CREDIT CONSULTANTS, INC.

Current Principal Place of Business:

5765 W. SUNRISE BLVD.
FORT LAUDERDALE, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

8211 W. BROWARD BLVD.
#340
PLANTATION, FL 33324

New Mailing Address:

5765 W SUNRISE BLVD
FT LAUDERDALE, FL 33313

FEI Number: 65-1159451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERKOVITS, JOE S
8211 W. BROWARD BLVD.
#340
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

GROSS, HAROLD
5765 W SUNRISE BLVD
FT LAUDERDALE, FL 33313 US

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: HAROLD GROSS

04/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BERKOVITS, JOE S
Address: 8211 W. BROWARD BLVD. #340
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: LAGO, JESUS A
Address: 8211 W. BROWARD BLVD. #340
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: VASQUEZ, MERYL B
Address: 8211 W. BROWARD BLVD. #340
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GROSS, HAROLD
Address: 5765 W SUNRISE BLD
City-St-Zip: FT LAUDERDALE, FL 33313

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 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 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: HAROLD GROSS

D

04/28/2005

Electronic Signature of Signing Officer or Director

Date