

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90047 003 \*\*\*\*61.25

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|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # N44587</b><br>1. Entity Name<br><b>NORTH AMERICAN CONSUMER CREDIT SERVICE CORPORATION</b>  |   |   |   |   |  |
| Principal Place of Business<br><b>1761 WEST HILLSBORO BLVD. #402<br/>DEERFIELD BCH., FL 33442</b>  |   |   | Mailing Address<br><b>1761 WEST HILLSBORO BLVD. #402<br/>DEERFIELD BCH., FL 33442</b>                             |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |   |  |
| City & State<br>Zip  |   | City & State<br>Zip   |   | 4. FEI Number<br><b>65-0275992</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |   |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>NIX, GEORGE REID<br/>1761 WEST HILLSBORO BLVD. #402<br/>DEERFIELD, FL 33442</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |  |
| 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.  |   |   | FL Zip Code   |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>NIX, GEORGE R.<br>1761 W. HILLSBORO BLVD<br>DEERFIELD, FL <input type="checkbox"/> Delete                    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>NIX, MELBA<br>44 YACHT CLUB RD #104<br>NORTH PALM BEACH, FL 33408 <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>WINOGRAD, CRAIG<br>21074 BLACKMAPLE<br>BOCA RATON, FL 33428 <input type="checkbox"/> Delete                  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MICHAEL JAFFE<br>1601 N. PALM AVE<br>PENGROKE PINES, FL 33026 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MARK ABZUG<br>2801 UNIVERSITY DR.<br>CORAL SPRINGS, FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input 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 617, 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. |   |   |   |   |  |
| <b>SIGNATURE: X</b>  |   |   |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   |   |   |  |
| Date: <b>2-22-07</b> Daytime Phone #: <b>954 570 7531</b>  |   |   |   |   |  |