2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N44587

1. Entity Name NORTH AMERICAN CONSUMER CREDIT SERVICE CORPORATION



Principal Place of Business

Mailing Address

FILED Feb 26, 2007 8:00 am Secretary of State 02-26-2007 90047 003 ****61.25

Ann23324

1761 WEST HILLSBORO BLVD. #402 Deerfield BCH., FL 33442				1761 WEST HILLSBORO BLVD. #402 DEERFIELD BCH., FL 33442						8) 814 8)8 4 8	
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Ma	iling Address		-22.7					
Suite, Apt. #, etc.			Si	Suite, Apt. #, etc.			02172007	Chg-NP	CR2E0	37 (12/06)	
City & State			Ci	City & State			4. FEI Numbe 65-0275			_ 	oplied For
Zip	Country		Zi	Zip Co		5. Certificate of Status Desir		of Status Desired	ed S8.75 Additional Fee Required		
	6. Name	and Address of Curre	nt Register	ed Agent			7. Name and	Address of New	Registered	Agent	
NIX, GEORGE REID 1761 WEST HILLSBORO BLVD. #402						Name Street Address (P.O. Box Number is Not Acce			le)		
DEERFIEL	_D, FL_33	442									
					City	<u> </u>			FL	Zip Cod	le
8. The above	named entit	ly submits this statement	t for the purp	ose of changing its re	egistered office	or register	red agent, or both	h, in the State of F	lorida. I am	familiar with,	and accept
the obligat	tions of regist	tered agent.									
SIGNATURE .		d or printed name of registered ag	ent and title if ap	plicable. (NOTE:	Registered Agent sig	nature required	d when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007			S. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be	ed to Fees Florida Department of State				
	Due by h						Added to Fees	<u></u> }	•		
10.		OFFICERS AND	DIRECTORS		11.			ANGES TO OFFICE	•	RECTORS IN	l 10
TITLE	D	OFFICERS AND	DIRECTORS		11.			<u></u> }	•		
TITLE NAME	D NIX, GEC	OFFICERS AND I	DIRECTORS		11. TITLE NAME			<u></u> }	•	RECTORS IN	l 10
TITLE	D NIX, GEC	OFFICERS AND I	DIRECTORS		11.			<u></u> }	•	RECTORS IN	l 10
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I hereby certify that the information supplied with this fitting 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 drustee empowered to execute the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or drustee empowered to execute the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or drustee 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 impowered.

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

558 570 753