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Apr 27, 2006 8:00 am
Secretary of State
04-27-2006 90182 005 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000034718

1. Entity Name
FIRST AMERICAN CREDIT CORPORATION

Principal Place of Business	Mailing Address
11266 W HILLSBOROUGH AVE #174 TAMPA, FL 33635	11266 W HILLSBOROUGH AVE #174 TAMPA, FL 33635

01292006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
204 37th Ave. North	204 37th Ave NORTH
Suite, Apt #, etc. #239	Suite, Apt #, etc. #239
City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33704 County Pinellas	Zip 33704 County Pinellas

4. FEI Number 59-3642562 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOLLO, FRANK V
11266 W HILLSBOROUGH AVE #174
TAMPA, FL 33635

7. Name and Address of New Registered Agent

Name Frank V. Mollo
Street Address (P.O. Box Number is Not Acceptable) 204 37th Ave. N. #239
City St. Petersburg FL Zip Code 33704

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____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST MOLLO, FRANK V 11613 BRANCH MOORING DR TAMPA, FL 33635 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Frank V. Mollo 204 37th Ave. N., #239 St Petersburg, FL 33704 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 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: [signature] 4/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #