2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secrétary of State DOCUMENT # P03000156772 07-09-2007 90044 029 ***150.00 FINANCIAL COLLECTION AGENCY, INC. Principal Place of Business Mailing Address 40123394 6574 NORTH STATE ROAD 7, #173 6574 NORTH STATE ROAD 7, #173 COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6010 NW676 Suite, Apt. #, etc. 07042007 CR2E034 (12/06) City & State 4. FEI Number Applied For 86-1091655 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THILEM, PAUL Street Address (P.O. Box Number is Not Acceptable) 11844 NW 11TH CT--- -CORAL SPRINGS, FL 33071 City Zip Code 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PV TITLE ☐ Delete TITLE ☐ Change ☐ Addition HERTZON, RICK NAME NAME STREET ADDRESS 6574 N. STATE RD. 7, #173 STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33073 CITY-ST-ZIP TITLE Delete Delete TITLE ☐ Change ■ Addition NAME HERTZON, SUSAN NAME STREET ADDRESS 6574 N. STATE RD. 7 #173 STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33073 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of 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 AND TYPED OF

FILED Jul 09, 2007 8:00 am

ATTACHMENT



Financial Collection Agency, Inc.

6574 North State Road 7 Box 173 Coconut Creek, FL 33073 H0123394 # P03000156772

Broward (954) 757-1050 Out of Area 1-877-757-1050 Fax (954) 757-0660

July 5, 2007

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Gentlemen:

Please note that the amount of the check I am sending is for \$150.00. The reason for this is that I never received the original notice to file.

If you notice my previous payment history I pay as soon as I get the bill.

Please abate the penalty.

I am a one man corporation and the penalty would really create a large and difficult assessment for me.

Your cooperation and understanding would be greatly appreciated.

Very truly,

Rick Hertzon

Financial Collection Agency Inc.