

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000080213

FILED  
Jan 11, 2006  
Secretary of State

Entity Name: AMERICAN COLLECTIONS SOLUTIONS, INC.

## Current Principal Place of Business:

1987 NW 88TH CT  
STE 201  
MIAMI, FL 33172

## New Principal Place of Business:

P O BOX 960935  
MIAMI, FL 33296

## Current Mailing Address:

1987 NW 88TH CT  
STE 201  
MIAMI, FL 33172

## New Mailing Address:

P O BOX 960935  
MIAMI, FL 33296

FEI Number: 56-2460112

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOSTISHION, EDWARD B  
14420 SW 71ST LANE  
MIAMI, FL 33183 US

## Name and Address of New Registered Agent:

KOSTISHION, EDWARD B  
1987 N W 88TH CT  
SUITE 201  
MIAMI, FL 33183 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:

01/11/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KOSTISHION, EDWARD B  
Address: 14420 SW 71ST AVE  
City-St-Zip: MIAMI, FL 33183 US

Title: VP ( ) Delete  
Name: MILMINE, JAMES S  
Address: 1904 KINGSINGTON RD  
City-St-Zip: BETHLEHEM, PA 18018 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KOSTISHION, EDWARD B  
Address: P O BOX 960935  
City-St-Zip: MIAMI, FL 33296 US

Title: VP (X) Change ( ) Addition  
Name: MILMINE, JAMES S  
Address: P O BOX 960935  
City-St-Zip: MIAMI, FL 33296 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD B. KOSTISHION

P

01/11/2006

Electronic Signature of Signing Officer or Director

Date