2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000043969

Entity Name: AFFORDABLE CREDIT REPAIR, INC.

FILED Feb 18, 2008 Secretary of State

The state of the s					
Current P	rincipal Place	of Business:	New Principal Place of Business:	New Principal Place of Business:	
	DING BLVD. PARK, FL 320	73			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
535 BOWIE BLVD. ORANGE PARK, FL 32073			225 BLANDING BLVD. ORANGE PARK, FL 32073		
FEI Number:	20-8700661	FEI Number Applied For ()	FEI Number Not Applicable () Certificate o	f Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registe	ered Agent:	
535 BOWIE	JAMES L PH.C E BLVD. PARK, FL 320		NOBLES, JAMES L PH.D. 225 BLANDING BLVD. ORANGE PARK, FL 32073 US		
	named entity s of Florida.	submits this statement for the p	urpose of changing its registered office or regis	stered agent, or both,	
SIGNATURE:			02/18	02/18/2008	
	Electron	ic Signature of Registered Age	nt Dat	e	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () NOBLES, JAME 535 BOWIE BL' ORANGE PARK	VD.	Title: P (X) Change () A Name: NOBLES, JAMES L PH.D. Address: 225 BLANDING BLVD. City-St-Zip: ORANGE PARK, FL 32073	ddition	
Title: Name: Address: City-St-Zip:	VP () FABRY, LORET 12250 ATLANTI JACKSONVILLE	C BLVD.	Title: () Change () A Name: Address: City-St-Zip:	ddition	
Title: Name: Address: City-St-Zip:	SEC () HAEFELI, MIRA 8420 PLAINFIE ORANGE PARK	LD AVE.	Title: () Change () A Name: Address: City-St-Zip:	ddition	
Title: Name: Address: City-St-Zip:	TRES () NOBLES, MARY 535 BOWIE BLY ORANGE PARK	VD.	Title: ()Change ()A Name: Address: City-St-Zip:	ddition	

I hereby certify that the information supplied with this filing does not qualify 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: JAMES L. NOBLES, PH.D. P 02/18/2008