


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90245 025 ***158.75

DOCUMENT # P97000063825	
1. Entity Name B&G ACCEPTANCE CORP.	

Principal Place of Business 900 N.FEDERAL HIGHWAY SUITE 410 BOCA RATON, FL 33432	Mailing Address 900 N.FEDERAL HIGHWAY SUITE 410 BOCA RATON, FL 33432
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14022326



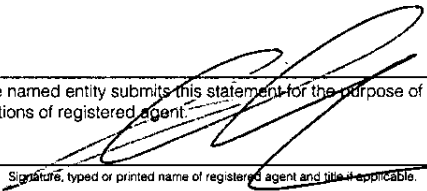
2. Principal Place of Business 7100 W. Camino Real	3. Mailing Address 7100 W. Camino Real
Suite, Apt. #, etc. Suite 402	Suite, Apt. #, etc. Suite 402
City & State Boca Raton FL	City & State Boca Raton FL
Zip 33433	Zip 33433
Country USA	Country USA

04142004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0771455	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WALLACK, MICHAEL M 27 FLETCHER AVE. SARASOTA, FL 34237	7. Name and Address of New Registered Agent Name MICHAEL M. WALLACK, ESQ. Street Address (P.O. Box Number is Not Acceptable) Sarasota City Center, Suite 1100 1819 Main Street City Sarasota FL Zip Code 34236
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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.

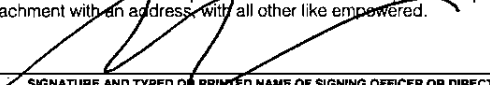
SIGNATURE  DATE **4/22/04**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GROSS, LEONARD		NAME GROSS, LEONARD	
STREET ADDRESS 13020 S.HAMPTON DRIVE		STREET ADDRESS 13020 S.HAMPTON DRIVE	
CITY-ST-ZIP BONITA SPRINGS, FL 33923		CITY-ST-ZIP BONITA SPRINGS, FL 33923	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLOOM, ASLEY		NAME BLOOM, ASLEY	
STREET ADDRESS 3450 SO OCEAN BLVD,APT 405		STREET ADDRESS 3450 SO OCEAN BLVD,APT 405	
CITY-ST-ZIP HIGHLAND BEACH, FL 33487		CITY-ST-ZIP HIGHLAND BEACH, FL 33487	
TITLE ST	<input type="checkbox"/> Delete	TITLE ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLOOM, DIANE		NAME BLOOM, DIANE	
STREET ADDRESS 1756 EAGLE TRACE BLVD.WEST		STREET ADDRESS 1756 EAGLE TRACE BLVD.WEST	
CITY-ST-ZIP CORAL SPRINGS, FL 33071		CITY-ST-ZIP CORAL SPRINGS, FL 33071	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLOOM, HOWARD		NAME BLOOM, HOWARD	
STREET ADDRESS 1756 EAGLE TRACE BLVD.WEST		STREET ADDRESS 1756 EAGLE TRACE BLVD.WEST	
CITY-ST-ZIP CORAL SPRINGS, FL 33071		CITY-ST-ZIP CORAL SPRINGS, FL 33071	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemption stated in Section 119.07(3)(i), 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:  DATE **4/22 (S&I) 417-7115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #