
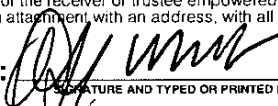


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90203 022 ***150.00

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| DOCUMENT # S50187 1. Entity Name AMERICAN BUSINESS CREDIT CORPORATION | | | |  | |
| Principal Place of Business 11101 ROOSEVELT BLVD CORP. TAX ST. PETERSBURG, FL 33716 | | | Mailing Address 11101 ROOSEVELT BLVD CORP. TAX ST. PETERSBURG, FL 33716 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | |
| 4. FEI Number 59-3066163 | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | PD MAVIS, TODD L 11101 ROOSEVELT BLVD SAINT PETERSBURG, FL 33716 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SCHAAD, LAURENS F JR. 11101 ROOSEVELT BLVD SAINT PETERSBURG, FL 33716 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V FOSTER, JEFFREY B 11101 ROOSEVELT BLVD ST PETERSBURG, FL 33716 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVD NELSEN, KEITH J 11101 ROOSEVELT BLVD ST PETERSBURG, FL 33716 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WOLFINGER, F. MARK 11101 ROOSEVELT BLVD SAINT PETERSBURG, FL 33716 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SOOD, SANJAY 11101 ROOSEVELT BLVD SAINT PETERSBURG, FL 33716 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS WOOD, JEFF T. 11101 ROOSEVELT BLVD ST. PETERSBURG, FL 33716 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FOSTER, JEFFREY H. | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD | | | | |
| 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:  JEFF T. WOOD, ASST SECT.Y 4/19/05 727.622.6727 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |