


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # F06000006904
 1. Entity Name
 1ST NATIONWIDE COLLECTION AGENCY, INC.



Principal Place of Business
 3760 CALLE TECATE STE B
 CAMARILLO, CA 93012

Mailing Address
 PO BOX 1418
 CAMARILLO, CA 93011-1418

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 77-0538157	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BRATE, HARVEY C 3760 CALLE TECATE STE B CAMARILLO, CA 93012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BRATE, HARVEY C 3760 CALLE TECATE STE B CAMARILLO, CA 93012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LINTON, LEONARD M 3760 CALLE TECATE STE B CAMARILLO, CA 93012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LINTON, LEONARD M 3760 CALLE TECATE STE B CAMARILLO, CA 93012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOO SCHUSTER, PETER V 3760 CALLE TECATE STE B CAMARILLO, CA 93012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARINACCI, PAUL A 3760 CALLE TECATE STE B CAMARILLO, CA 93012

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 04/18/07-80041-010 150.00

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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 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:  **COO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/8/07** Daytime Phone #: **805.413.1411**