


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90019 031 \*\*\*\*50.00  
 03-02-2006 90010 041 \*\*\*\*100.00

**DOCUMENT # P02000083534**


1. Entity Name  
**GEAR-SOURCE, INC.**



Principal Place of Business      Mailing Address  
**1930-1 N. COMMERCE PARKWAY**      **1930-1 N. COMMERCE PARKWAY**  
**WESTON, FL 33326**      **WESTON, FL 33326**

2. Principal Place of Business      3. Mailing Address  
*3101 Fairlane Farms Rd*      *3101 Fairlane Farms Rd*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*Suite #4*      *Suite #4*  
 City & State      City & State  
*Wellington, FL*      *Wellington, FL*  
 Zip      Country  
*33414*      *USA*      *33414*      *USA*

**40022000**



02032006      Chg-P      CR2E034 (11/05)

6. Name and Address of Current Registered Agent  
**EISENSMITH, JEFFREY**  
**ONE FINANCIAL PLAZA**  
**SUITE 1600**  
**FT. LAUDERDALE, FL 33394**

4. FEI Number  
**52-2374354**

Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FAIRBAIRN, MARCEL A</b>	NAME	<i>Fairbairn, Marcel A.</i>
STREET ADDRESS	<b>1930-1 N. COMMERCE PARKWAY</b>	STREET ADDRESS	<i>3101 Fairlane Farms Rd, Suite 4</i>
CITY-ST-ZIP	<b>WESTON, FL 33326</b>	CITY-ST-ZIP	<i>Wellington FL 33414</i>
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	
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 exemptions contained in Chapter 19, 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment



40022660

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2006

GEAR-SOURCE, INC.  
3101 FAIRLAND FARMS RD  
STE 4  
WELLINGTON, FL 33414

Subject: **GEAR-SOURCE, INC.**

Reference Number: **P02000083534**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$100.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION