

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000083534

FILED  
Feb 06, 2007  
Secretary of State

Entity Name: GEAR-SOURCE, INC.

**Current Principal Place of Business:**

3101 FAIRLANE FARMS RD  
STE 4  
WEST PALM BEACH, FL 33414

**New Principal Place of Business:**

3101 FAIRLANE FARMS RD  
STE 4  
WELLINGTON, FL 33414

**Current Mailing Address:**

3101 FAIRLANE FARMS RD  
STE 4  
WEST PALM BEACH, FL 33414

**New Mailing Address:**

3101 FAIRLANE FARMS RD  
STE 4  
WELLINGTON, FL 33414

FEI Number: 52-2374354

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EISENSMITH, JEFFREY  
ONE FINANCIAL PLAZA  
SUITE 1600  
FT. LAUDERDALE, FL 33394 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FAIRBAIRN, MARCEL A  
Address: 3101 FAIRLANE FARMS RD, STE 4  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARCEL A. FAIRBAIRN

P

02/06/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date