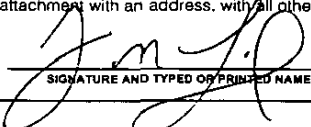


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90106 027 ***150.00

DOCUMENT # F01000005683 1. Entity Name FIRST SOURCE FINANCIAL USA, INC.					
Principal Place of Business 5980 S. DURANGO DR. LAS VEGAS, NV 89113			Mailing Address 5980 S. DURANGO DR. LAS VEGAS, NV 89113		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 88-0386055 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331					
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD GIULIANO, JOSEPH N 2920 N. GREEN VALLEY PKY, SUITE 312 HENDERSON, NV 89014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5980 S Durango Drive LAS VEGAS, NV 89113	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GIULIANO, JOSEPH N 2920 N. GREEN VALLEY PKY, SUITE 312 HENDERSON, NV 89014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5980 S Durango Drive LAS VEGAS, NV 89113	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD STANCO, JUDITH L 18 ISLEWORTH DR HENDERSON, NV 89052	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:  JOSEPH N GIULIANO 3/9/07 7024581980 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					