
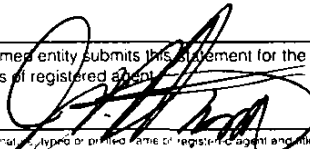
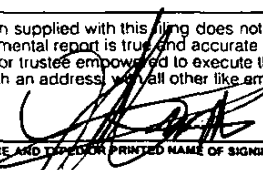


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90043 005 \*\*\*150.00

<b>DOCUMENT # F01000006465</b> 1. Entity Name <b>CARTRIDGE SOURCE OF AMERICA, INC.</b>					
Principal Place of Business <b>1427 CHAFFEE DR. SUITE 5 TITUSVILLE, FL 32780</b>			Mailing Address <b>1427 CHAFFEE DR. SUITE 5 TITUSVILLE, FL 32780</b>		
2. Principal Place of Business <b>8850 GRISSOM PARKWAY</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <small>Suite, Apt. #, etc.</small>			
City & State <b>TITUSVILLE FL</b>		City & State		4. FEI Number <b>88-0398940</b>	
Zip <b>32780</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HURSTON, JOSEPH R 1427 CHAFFEE DR. SUITE 5 TITUSVILLE, FL 32780</b>			7. Name and Address of New Registered Agent Name <b>JOSEPH R. HURSTON</b> Street Address (P.O. Box Number is Not Acceptable) <b>8850 GRISSOM PARKWAY</b> City <b>TITUSVILLE</b> <b>FL</b> Zip Code <b>32780</b>		
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 terminating) DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <input type="checkbox"/> Delete <b>HURSTON, JOSEPH R</b> <b>1427 CHAFFEE DR.</b> <b>TITUSVILLE, FL 32780</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JOSEPH R. HURSTON</b> <b>8850 GRISSOM PARKWAY</b> <b>TITUSVILLE FL 32780</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, or all other like empowered.					
<b>SIGNATURE:</b> 					
SIGNATURE AND POSITION PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					