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2006 FOR PROFIT CORPORATION ANNUAL REPORT		ION	May 22, 2006 8:00 Secretary of State
DOCUMENT # F0100 Entity Name CARTRIDGE SOURCE OF A			05-22-2006 90043 005 ***150.00
Principal Place of Business	Mailing Address		40093140
1427 CHAFFEE DR.	1427 CHAFFEE DR. Suite 5		40000

2. Principal Place of Business 8.5.0 GR BSOM PARKURY Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State City & State Country Zip Country Zip Country Zip Country Zip Country S. Centificate of Status Desired 8. Application 8. Name and Address of Current Registered Agent HURSTON, JOSEPH R 1427 CHAFFEE DR SUITE 5 TITUSVILLE, FL 32780 City TITUSVILLE, FL 32780 City TITUSVILLE, FL 32780 City TITUSVILLE Since Address (P.O. Son Number ja Nor Acceptable) STORMATURE City TITUSVILLE FL Zip Code 32770 City TITUSVILLE FL Zip Code 32770 Since Address (P.O. Son Number ja Nor Acceptable) SIGNATURE City TITUSVILLE FL Zip Code 32770 Since Address (P.O. Son Number ja Nor Acceptable) SIGNATURE City TITUSVILLE FL Zip Code 32770 Since Address (P.O. Son Number ja Nor Acceptable) Signation of registered Agent or both, in the State of Florida. I am familiar with, and accept inter obligations of registered agent or both, in the State of Florida. I am familiar with, and accept inter obligations of registered agent or both, in the State of Florida. I am familiar with, and accept inter obligations of registered agent or both, in the State of Florida. I am familiar with, and accept inter obligations of registered agent or both, in the State of Florida. I am familiar with, and accept inter obligations of registered agent or both, in the State of Florida. I am familiar with, and accept interest of the purpose of changes from contribution Address of New Registered Agent or both, in the State of Florida. I am familiar with and accept interest of the purpose of changes from contribution Address of New Registered Agent or both, in the State of Florida. I am familiar with, and accept interest of the purpose of changes from contribution Address of New Registered Agent A FEI Number A FEI Number Section Desired A FEI Number A F
Suite. Apt. #, etc. Suite. Apt. #, etc. Q4072006 Chg-P CR2E034 (11/05)
Signal Address of Current Registered Agent Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Required
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Name and Address of Current Registered Agent Name JOSEPH R 1427 CHAFFEE DR. SUITE 5 TITUSVILLE, FL 32780 City TITUSVILLE FL Zip Code 32780 City TITUSVILLE FL Zip Code 32780 City TITUSVILLE FL Zip Code 32780 SIGNATURE City TITUSVILLE FL Zip Code 32780 City TITUSVILLE FL Zip Code 32780 SIGNATURE FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
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8. The above named entity Jubmits this stylement 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the purpose of change in the familiar with, and accept the obligation of the purpose of change in the familiar with, and accept the obligation of the purpose of change in the familiar with, and accept the obligation of the purpose of change in the familiar with, and accept the obligation of the purpose of change in the familiar with, and accept the obligation of the purpose of change in the familiar with, and accept the obligation of the purpose of change in the familiar with, and accept the obligation of the purpose of change in the familiar with, and accept the purpose of change in the familiar with, and accept the purpose of change in the familiar with, and accept the purpose of change in the familiar with, and accept the purpose of change in the familiar with, and accept the purpose of change in the familiar with, and accept the purpose of change in the familiar with, and accept the purpose of change in the familiar with, and accept the purpose of change in the familiar with and accept the purpose of change in the familiar with and accept the purpose of change in the familiar with and accept the purpose of c
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THE NAME HURSTON, JOSEPH R 1427 CHAFFEE DR. STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 32780 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 32780 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition Addition Title NAME STREET ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP ADDRESS C
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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! The sampowered.

PRINTED MAME OF SIGNONG OFFICER OR DIRECTOR SIGNATURE:

Date Daysma Phone #