


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90252 020 \*\*\*150.00

<b>DOCUMENT # F05000003357</b>	
1. Entity Name <b>SPRINGSOURCE INC.</b>	

Principal Place of Business <b>4780 DAIRY ROAD, #102 MELBOURNE, FL 32904 US</b>	Mailing Address <b>P.O. BOX 121573 WEST MELBOURNE, FL 32912-1573 US</b>
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2. Principal Place of Business - No P.O. Box # <b>1875 S. Grant St.</b>	3. Mailing Address <b>1875 S. Grant St.</b>
Suite, Apt. #, etc. <b>Suite 650</b>	Suite, Apt. #, etc. <b>Suite 650</b>
City & State <b>San Mateo, CA</b>	City & State <b>San Mateo, CA</b>
Zip <b>94402</b>	Zip <b>94402</b>
Country <b>USA</b>	Country <b>USA</b>

04292008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3805332</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent		
DONALD, KEITH 4780 DAIRY ROAD, #102 MELBOURNE, FL 32904		
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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO SAMPALEANU, COLIN 3 LAWNVIEW DRIVE NORTH YORK, ON M2N 5J9 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO Rod Johnson 1875 S. Grant St., Suite 650 San Mateo, CA 94402 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO DONALD, KEITH 4655 LITTLE GREY LANE WEST MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO Neelan Choksi 1875 S. Grant St., Suite 650 San Mateo, CA 94402 <input checked="" 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	CEO Nick White 1875 S. Grant St., Suite 650 San Mateo, CA 94402 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Amyli McDaniel 1875 S. Grant St., Suite 650 San Mateo, CA 94402 <input type="checkbox"/> Change <input checked="" 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, with all other like empowered.

SIGNATURE:  4/29/08 650-425-788  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #