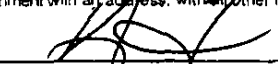


FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90017 007 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F07000006115			
1. Entity Name ONE SOURCE TALENT, INC.			
Principal Place of Business 3250 W BIG BEAVER RD STE 526 TROY, MI 48084		Mailing Address 3250 W BIG BEAVER RD STE 526 TROY, MI 48084	
2. Principal Place of Business - No P.O. Box # 18305 Biscayne Boulevard		3. Mailing Address Suite 301	
Suite, Apt. #, etc. Suite 301		City & State Aventura, FL	
Zip 33160	Country U.S.	Zip 33160	Country U.S.
6. Name and Address of Current Registered Agent TOMA TARA, ANTHONY 18305 BISCAYNE BLVD STE 301 AVENTURA, FL 33160		7. Name and Address of New Registered Agent Name: TOMA, Anthony 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 _____			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP TAMA, BRUCE 3250 W BIG BEAVER RD STE 526 TROY, MI 48084 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. TOMA, BRUCE 3250 W Big Beaver Rd, Ste 526 Troy, MI 48084 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Anthony TOMA 3250 W Big Beaver Rd Ste 526 Troy, MI 48084 ☐ 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
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 or without other like empowered.			
SIGNATURE:  Anthony Toma		8 7.7.08 248-816-7900	
SIGNATURE AND COPIED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40110361



07072008 Chg-P CR2E034 (12/08)

4. FEI Number **20-0437572** Applied For ☐ Not Applicable ☐5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required