

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006115

Entity Name: ONE SOURCE TALENT, INC.

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

18305 BISCAYNE BOULEVARD
SUITE 301
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

3250 W BIG BEAVER RD STE 526
TROY, MI 48084

New Mailing Address:

FEI Number: 20-0437572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMA, ANTHONYN=
18305 BISCAYNE BLVD STE 301
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

TOMA, ANTHONY
18305 BISCAYNE BLVD STE 301
AVENTURA, FL 33160 US

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.

SIGNATURE: ANTHONY TOMA

01/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: TOMA, BRUCE
Address: 3250 W BIG BEAVER RD STE 526
City-St-Zip: TROY, MI 48084

Title: P () Delete
Name: TOMA, ANTHONY
Address: 3250 W BIG BEAVER RD STE 526
City-St-Zip: TROY, MI 48084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY TOMA

P

01/09/2009

Electronic Signature of Signing Officer or Director

Date