
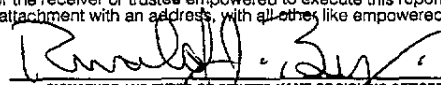


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F94000001172</b>		
1. Entity Name <b>RIGHT SOURCE, INC.</b>		
Principal Place of Business <b>217 RIVERBEND ORMOND BEACH, FL 32174</b>	Mailing Address <b>217 RIVERBEND ORMOND BEACH, FL 32174</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>BYNUM, RON 217 RIVERBEND ORMOND BEACH, FL 32174</b>		<b>DO NOT WRITE IN THIS SPACE</b>
5. 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, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>U000000127804 04/26/04-80014-002 150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCDT BYNUM, RON 217 RIVERBEND ORMOND BEACH, FL	<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4/20/04</b> Daytime Phone # <b>386/672-7222</b>