.2007 FOR PROFIT CORPORATION

ANNUAL REPORT **FILED DOCUMENT # P01000089211** Apr 10, 2007 08:00 Al Secretary of State COMMODITY SOURCING, INC. Principal Place of Business Mailing Address 15171 SW 46TH ST 15171 SW 46TH ST MIRAMAR, FL 33027 MIRAMAR, FL 33027 US No Chg-P CR2E034 (11/05) 03302007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1137295 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE **BACCHUS, ADRIAN** 15171 SW 46TH ST MIRAMAR, FL 33027 IN THIS SPACE 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BACCHUS, ADRIAN NAME 15171 SW 46TH ST STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33027 VD TITLE YASIN, SHARIA NAME STREET ADDRESS 15171 SW 46TH ST CITY-ST-ZIP MIRAMAR, FL 33027 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR