## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 04, 2006 8:00 am Secretary of State DOCUMENT # P02000053879 1. Entity Name 05-04-2006 90256 022 \*\*\*158.75 INFINITY SOURCING, INC. Principal Place of Business Mailing Address 1202 SEAGATE DRIVE #204 PALM HARBOR FL 34685 25400 US HWY 19 N #259 CLEARWATER FL 33763 2. Principal Place of Business 3. Mailing Address 25400 US HWY 19, N 3801 EXETER CT. Suite, Apt. #, etc. Suite, Apt. #, etc # 229 1st MOORE CR2E034 (10/05) 101 City & State 4. FEI Number Applied For 37-1428721 CLEARWATER HARBOR FI Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA 🗱 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of Host Registered Agent ALEXANDER, STEPHEN ALEXANDER, STEPHEN B -1202 SEAGATE DRIVE #204 PALM HARBOR FL 34685 101 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE M Change Addition ALEXANDER, STEPHEN B NAME ALEXANDER, STEPHEN B NAME 3801 EXETED OT #101 STREET ADDRESS 1202 SEAGATE DRIVE #204 STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34685 CITY+ST-ZIP PALLY HARBOR, FL, 34685 PD TITLE Delete TITLE Pb Change ☐ Addition NAME WENINGER-ALEXANDER, TINA M NAME WENINGER-ALEXANDER ITINA STREET ADDRESS 1202 SEAGATE DRIVE #204 STREET ADDRESS 3801 EXETER CT, #101 PALM HARBOR FL 34685 CITY-ST-ZIP CITY-ST-7/P PALM HARBOR, FL, 34685 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP THILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

STEPHEN B, ALEXANDER 4-25-06

FILED