

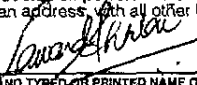


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000064015			
1. Entity Name INFORMATION TECHNOLOGY SOURCES GROUP, INC.			
Principal Place of Business 12477 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32837	Mailing Address 12477 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32837		
DO NOT WRITE IN THIS SPACE			
		05022004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 02-0619169	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent VICARUDDIN, KAZI 12477 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32837		DO NOT WRITE 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000155926 05/05/04-80057-008 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD AKHTAR, JAWAID 12477 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32837		
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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)(i), 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: 		05/05/2004	321-231-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #