

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000067519

FILED  
Jan 30, 2005  
Secretary of State

Entity Name: SOURCING SOLUTIONS INTERNATIONAL, INC.

**Current Principal Place of Business:**

5401 S. KIRKMAN ROAD  
SUITE 310  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

5401 S. KIRKMAN ROAD  
SUITE 310  
ORLANDO, FL 32819 US

**New Mailing Address:**

FEI Number: 61-1453348      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: STALLINGS, KATHERINE  
Address: 1281 E. DEERFIELD PARKWAY, SUITE 303  
City-St-Zip: BUFFALO GROVE, IL 60089 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: STALLINGS, KATHERINE  
Address: 555 S. OLD WOODWARD AVE, STE 904  
City-St-Zip: BIRMINGHAM, MI 48009 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHERINE M. STALLINGS

PRES

01/30/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date