

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

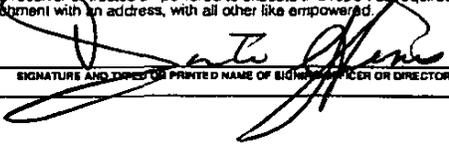
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08-01-2005 90027 003 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

66026958



<b>DOCUMENT # P04000113867</b>			
1. Entity Name <b>FIRST SOURCE REALTY &amp; INVESTMENT, INC.</b>			
Principal Place of Business <b>2700 WEST ATLANTIC BLVD 109 POMPANO BEACH, FL 33069</b>		Mailing Address <b>2700 WEST ATLANTIC BLVD 109 POMPANO BEACH, FL 33069</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
07282005		Chg-P CR2E034 (10/03)	
4. FEI Number <b>27-0099014</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HINES, DANTE B 2775 TREASUR COVE CIRCLE FORT LAUDERDALE, FL 33312</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HINES, DANTE B 2775 TREASUR COVE CIRCLE FORT LAUDERDALE, FL 33312</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 partner or trustee empowered to execute this report as required by Chapter 807, 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: 		Date: <b>8/27/05</b> Daytime Phone # _____	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNER: OFFICER OR DIRECTOR			

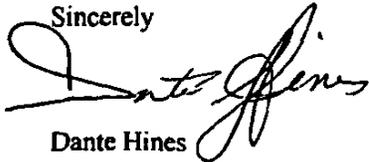
ATTACHMENT 66026958  
#P04000113867

7/28/2005

To Whom It May Concern:

I did not receive the annual renewal notice. Here is my check and my application for renewal. Thank you for your anticipated cooperation in this matter

Sincerely

A handwritten signature in cursive script that reads "Dante Hines". The signature is written in black ink and is positioned to the right of the word "Sincerely".

Dante Hines