

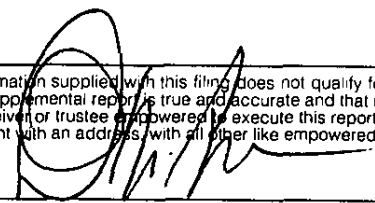
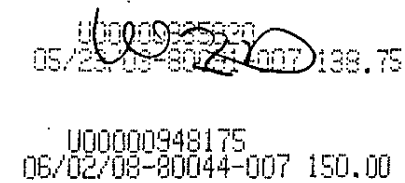


FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000050554 1. Entity Name SOURCERERS, INC.							
Principal Place of Business 10097 CLEARY BLVD. #289 PLANTATION, FL 33324		Mailing Address 10097 CLEARY BLVD. #289 PLANTATION, FL 33324					
<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>							
		<div style="text-align: center;"> 04252008 No Chg-P CR2E034 (11/05)</div>					
		<table border="1"><tr><td>4. FEI Number 52-2455497</td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 52-2455497	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent BLUM, DAVID M 10097 CLEARY BLVD. #289 PLANTATION, FL 33324		<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>					
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 \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P BLUM, DAVID M 10097 CLEARY BLVD. PLANTATION, FL 33324					
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12. 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: 		<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div> <div style="text-align: right;"> 05/23/08-80044-007 138.75 06/02/08-80044-007 150.00</div>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 6.26.08 Daytime Phone # 95437097					