

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90426 039 \*\*\*150.00

<b>DOCUMENT # P05000108864</b> 1. Entity Name <b>SOURCE REAL ESTATE DEVELOPMENT, INC.</b>					
Principal Place of Business <b>470 RUBENS DRIVE EAST NOKOMIS, FL 34275</b>			Mailing Address <b>470 RUBENS DRIVE EAST NOKOMIS, FL 34275</b>		
2. Principal Place of Business <b>21073 Edgewater Dr</b>		3. Mailing Address <b>21073 Edgewater Dr.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Port Charlotte FL</b>		City & State <b>Port Charlotte, FL</b>		4. FEI Number <b>20-3256347</b>	
Zip <b>33952</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GARDNER, KIMETH W 470 RUBENS DRIVE EAST NOKOMIS, FL 34275</b>			7. Name and Address of New Registered Agent Name <b>Kimeth W. Gardner</b> Street Address (P.O. Box Number is Not Acceptable) <b>21073 Edgewater Dr</b> City <b>Port Charlotte</b> <b>FL</b> Zip Code <b>33952</b>		
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 <u><i>Kimeth W. Gardner</i></u> DATE <u>4/26/06</u> <small>Signature, typed or printed name of registered agent and Use if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P KELLY, BRET L 470 RUBENS DRIVE EAST NOKOMIS, FL 34275</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 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: <u><i>B Kelly</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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