2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000050051

1. Entity Name
EXAM SOURCE INC.

FILED
07 MAY -2 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05012007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
~~3905 MONSERRATE STREET~~ ~~CORAL GABLES, FL 33134~~	~~3905 MONSERRATE STREET~~ ~~CORAL GABLES, FL 33134~~

2. Principal Place of Business - No P.O. Box # 8816 Commodity Cr.	3. Mailing Address Same
Suite, Apt. #, etc. Ste: 41	Suite, Apt. #, etc.
City & State Orlando, FL	City & State
Zip 32819 Country	Zip Country

4. FEI Number 20-4649624 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOMEZ, GIANCARLO ~~3816 SW 164 TERRACE~~ ~~MIRAMAR, FL 33027~~	Name: Street Address (P.O. Box Number is Not Acceptable) 8816 Commodity Circle #41 City Orlando FL Zip Code 32819

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

600102232996
05/14/07--01003--008 **150.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOMEZ, GIANCARLO ~~3816 SW 164 TERRACE~~ ~~MIRAMAR, FL 33027~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8816 Commodity Circle # 41 Orlando, FL 32819
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition D Jose Hernandez 8816 Commodity Cr Ste: 41 Orlando, FL 32819
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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: (X) [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #