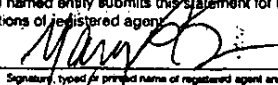


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/3

FILED
Jul 02, 2008 8:00 am
Secretary of State

05-30-2008 90217 033 ***150.00

DOCUMENT # P06000094277 1. Entity Name PEOPLE SOURCING INC.		
Principal Place of Business 755 TIBIDABO CORAL GABLES, FL 33156	Mailing Address 755 TIBIDABO CORAL GABLES, FL 33156	
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent HUSS, LOUIS D. ESQ. 9130 S. DADELAND BD. #1218 MIAMI, FL 33156		DO NOT WRITE IN THIS SPACE
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 reappointing) Signature typed or printed name of registered agent and title if applicable. DATE: 4/1/08		
FILE NOW!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing ☒ Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMS, MARY L 755 TIBIDABO CORAL GABLES, FL 33156	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 6/26/08 Daytime Phone #: 305 669 0513

66015002



05042008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5214527	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	