

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000128995

FILED
Apr 30, 2007
Secretary of State

Entity Name: UNIVERSAL SOURCING ALLIANCE INC

Current Principal Place of Business:

14923 64TH COURT NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

14923 64TH COURT NORTH
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 74-3191572 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, ROCKWELL
14923 64TH COURT NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, ROCKWELL
Address: 14923 64TH COURT NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: JOHNSON, ROCKWELL
Address: 14923 64TH COURT NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: SEC () Change (X) Addition
Name: JOHNSON, BARBARA
Address: 14923 64TH COURT NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROCKWELL JOHNSON

PSTD

04/30/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date