

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000111785

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** CPR SOURCE INC.

**Current Principal Place of Business:**

8966 SW 49TH CT  
COOPER CITY, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

8966 SW 49TH CT  
COOPER CITY, FL 33328

**New Mailing Address:**

**FEI Number:** 74-3250557

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EDELMAN, PHIL  
8966 SW 49TH CT  
COOPER CITY, FL 33328 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: D ( ) Delete  
Name: SULLIVAN, CHRISTOPHER  
Address: 9133 GREENBRIAR CT  
City-St-Zip: DAVIE, FL 33328

Title: D ( ) Delete  
Name: EDELMAN, PHIL  
Address: 8966 SW 49TH CT  
City-St-Zip: COOPER CITY, FL 33328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SULLIVAN, CHRISTOPHER  
Address: 2993 OAK PARK CIRCLE  
City-St-Zip: DAVIE, FL 33328

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHRISTOPHER SULLIVAN

D

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date