2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000069633

1. Entity Name

STREET ADDRESS CITY-ST-ZIP

TRADE SOURCE INTERNATIONAL, INC.



FILED Mar 10, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

2887 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176 US 2887 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176

DO NOT WRITE IN THIS SPACE

02132008 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3543267

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLASS, SUSAN B CPA 100 LACOSTA LANE, SUITE 140 DAYTONA BEACH, FL 32114

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, 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, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.		ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECT	ORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CALLAHAN, KEVIN R 2887 JOHN ANDERSON DR ORMOND BEACH, FL 32176				Honomocazno:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CALLAHAN, DEBRA L 2887 JOHN ANDERSON DR ORMOND BEACH, FL \$2176				U00000853709 03/26/08-80078-022 150:00
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				I N	THIS SPACE
NAME STREET ADDRESS					

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 cath; 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.

KEN. COLLE KEVINR. CALLAHAN

2-15-08

(386) 441-8472