
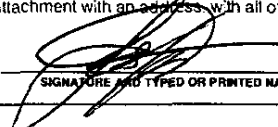


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90424 005 \*\*\*150.00

<b>DOCUMENT # P98000095767</b> 1. Entity Name <b>ONE SOURCE PROPERTY VALUATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 17495 PLANTATION, FL 33318</b>			Mailing Address <b>P.O. BOX 17495 PLANTATION, FL 33318</b>		
2. Principal Place of Business <b>7553 Lake Harbor Terr</b>		3. Mailing Address <b>7553 Lake Harbor Terr</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Lake Worth, FL</b>		City & State <b>Lake Worth, FL</b>		4. FEI Number <b>65-0875344</b>	
Zip <b>33467</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MURPHY, PATRICK J 1132 S.E. 2ND AVE F FT LAUDERDALE, FL 33316</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 is required when substituting)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANZO, JASON 6855 W BROWARD BLVD APT 310B PLANTATION, FL 33317		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7553 Lake Harbor Terrace Lake Worth, FL 33467</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANZO, MARCIA 7004 BLVD EAST APT 29F GUTTENBURG, NJ 07093		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7553 Lake Harbor Terrace Lake Worth, FL 33467</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MANZO, ROBERT 7004 BLVD EAST APT 29F GUTTENBURG, NJ 07093		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7553 Lake Harbor Terrace Lake Worth, FL 33467</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>  <b>JASON MANZO</b>			<b>4/17/04</b> <b>954-748-1577</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		