


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90213 007 ***150.00

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| DOCUMENT # P99000012455 |  |
| 1. Entity Name UNLIMITED SOURCE MARKETING COMPANY | |

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| Principal Place of Business 2 SOUTH BISCAYNE BLVD. SUITE 2630 MIAMI, FL 33131 | Mailing Address 123 S.E. THIRD AVENUE # 404 MIAMI, FL 33131 |
|---|---|

40086770



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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04262007 Chg-P CR2E034 (12/06)

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| 6. Name and Address of Current Registered Agent | |
| COLLINS, CHRISTINA 2 SOUTH BISCAYNE BLVD. SUITE 2630 MIAMI, FL 33131 | |

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| 7. Name and Address of New Registered Agent | |
| Name Ahah, L.C. | |
| Street Address (P.O. Box Number is Not Acceptable) 750 Third Circle | |
| # 106 | |
| City Vero Beach | Zip Code 32962 |

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| 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 Christina Collins, Mgrm Ahah, L.C. | DATE 4-22-07 |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPTS COLLINS, CHRISTINA 2 SOUTH BISCAYNE BLVD, STE 2630 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPTS Collins, Christina 123 S.E. Third Ave #404 Miami, FL 33131 <input type="checkbox"/> Change <input checked="" 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 |
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| 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: Christina Collins, President | DATE 4-22-07 DAYTIME PHONE # 772-321-2635 |