

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90037 033 ***150.00

DOCUMENT # P99000012455 1. Entity Name UNLIMITED SOURCE MARKETING COMPANY					
Principal Place of Business 2 SOUTH BISCAYNE BLVD. SUITE 2630 MIAMI, FL 33131			Mailing Address 123 S.E. THIRD AVENUE # 404 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 750 Third Circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #106			
City & State		City & State Vero Beach, FL		4. FEI Number 65-0903445	
Zip		Zip 32962		Country U.S.	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent AHAH, L.C. 750 THIRD CIRCLE #106 VERO BEACH, FL 32962			7. Name and Address of New Registered Agent Name Hope Jacobs Street Address (P.O. Box Number is Not Acceptable) 750 Third Circle, # 106 City Vero Beach FL Zip Code 32962		
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 <u>Hope Jacobs</u> <i>Hope Jacobs</i> <u>3/21/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS COLLINS, CHRISTINA 123 S.E. THIRD AVE #404 MIAMI, FL 33131 <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 19, 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 <i>Christina Collins</i>			3/21/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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