

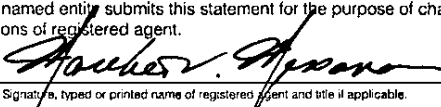
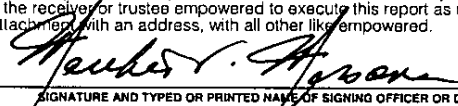


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90467 015 ***150.00

DOCUMENT # P99000104310 1. Entity Name OFFICE SOURCE SPECIALISTS, INC.					
Principal Place of Business 710 SE 6TH AVE. POMPANO BCH, FL 33060			Mailing Address 710 SE 6TH AVE. POMPANO BCH, FL 33060		
2. Principal Place of Business 3405 Wilberness Blvd. W.		3. Mailing Address 3405 Wilberness Blvd. W.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04272005 Chg-P CR2E034 (10/03)	
City & State PARRISH, FLORIDA		City & State PARRISH, FL.		4. FEI Number 65-0973975	
Zip 34219		Country MANATEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MESSANA, MATTHEW 710 SE 6TH AVE. POMPANO BCH, FL 33060		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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:  DATE: 4/27/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 P <input type="checkbox"/> Delete	NAME MESSANA, MATTHEW STREET ADDRESS 710 SE 6TH AVE. CITY-ST-ZIP POMPANO BCH, FL 33060		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME MESSANA MATTHEW STREET ADDRESS 3405 WILBERNESS BLVD. W. CITY-ST-ZIP PARRISH, FL. 34219	
TITLE S <input type="checkbox"/> Delete	NAME MESSANA, CARHERINE D STREET ADDRESS 7105 E 6TH AVENUE CITY-ST-ZIP POMPANO BEACH, FL 33060		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME CATHERINE MESSANA STREET ADDRESS 3405 WILBERNESS BLVD. W. CITY-ST-ZIP PARRISH, FL. 34219	
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP	
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.					
SIGNATURE: 			Date: 4/27/05 Daytime Phone #: 941-723-8177		