## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Sep 14, 2006 08:00 AN Secretary of State DOCUMENT\*# S52262 GLOBAL SOURCE MANAGEMENT & CONSULTING, INC. Principal Place of Business Mailing Address 5371 HIATUS RD. 5371 HIATUS RD. SUNRISE, FL 33351 SUNRISE, FL 33351 09122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0350320 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DUBIN, JAN STUART 3310 NW 96TH WAY SUNRISE, FL 33351 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. (NOTE: Registered Agent eignature required when reinstating) DATE Signature, typed or printed name of registered egent and title if applicable 9. Election Campaign Financing \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Due by September 15, 2006 Added to Fees 10. OFFICERS AND DIRECTORS PDT TITLE DUBIN, GARY R. NAME STREET ADDRESS 5371 HIATUS ROAD CITY-ST-ZIP SUNRISE, FL 33351 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOTAWRITA CITY-ST-ZIP IN TIHIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORT