

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000004703

Entity Name: ALLSOURCEPPS, INC.

**Current Principal Place of Business:**

8330 W SAHARA AVE., SUITE 290  
VEGAS, NV 89117

**Current Mailing Address:**

8330 W SAHARA AVE., SUITE 290  
VEGAS, NV 89117 US

FEI Number: 46-1265921

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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.*

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DSTCFO  
Name HOYAL, MICHAEL A  
Address 8330 W SAHARA AVE., SUITE 290  
City-State-Zip: VEGAS NV 89117

Title DCEO  
Name HOWROYD, JANICE B  
Address 8330 W SAHARA AVE., SUITE 290  
City-State-Zip: VEGAS NV 89117

Title DVP  
Name HOWROYD, BRETT W  
Address 8330 W SAHARA AVE., SUITE 290  
City-State-Zip: VEGAS NV 89117

Title DP  
Name HOWROYD, BERNARD  
Address 8330 W SAHARA AVE., SUITE 290  
City-State-Zip: VEGAS NV 89117

Title D  
Name HOWROYD, KATHARYN  
Address 8330 W SAHARA AVE., SUITE 290  
City-State-Zip: VEGAS NV 89117

Title VP  
Name CARVALHO, PETER  
Address 8330 W SAHARA AVE., SUITE 290  
City-State-Zip: VEGAS NV 89117

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: MICHAEL A HOYAL

OFFICER/DIRECTOR

01/22/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date