

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000157596

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** ACCUSOURCE INVESTIGATIVE SOLUTIONS, INC.

**Current Principal Place of Business:**

1200 OAKLEY SEAVER DRIVE  
SUITE 206  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 53  
MOUNT DORA, FL 32756 00

**New Mailing Address:**

**FEI Number:** 30-0396716

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEWIS, CARL D  
1200 OAKLEY SEAVER DRIVE  
SUITE 206  
CLERMONT, FL 34711 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEWIS, CARL D  
Address: P.O. BOX 53  
City-St-Zip: MOUNT DORA, FL 32757

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: CARL D. LEWIS

P

04/27/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date