2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003361

Entity Name: INNOSOURCE BUSINESS SOLUTIONS, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
142 W. LAKEVIEW AVE. LAKE MARY, FL 32746				1000 HOLCOMB WOODS PKWY SUITE 401 ROSWELL, GA 30076		
Current Mailing Address:				New Mailing Address:		
142 W. LAKEVIEW AVE. LAKE MARY, FL 32746				1000 HOLCOMB WOODS PKWY SUITE 401 ROSWELL, GA 30076		
FEI Number:	: 58-2483016	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
155 OFFIC TALLAHAS The above	DE PLAZA DRI SSEE, FL 323 named entity:	01 US	urpose o	f changing i	ts registered	office or registered agent, or both,
	e of Florida. 					
SIGNATU						
Flection Car		nic Signature of Registered Age g Trust Fund Contribution ().	nt			Date
	S AND DIREC			ADDITION	IS/CHANGES	TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	JENKINS, BRA	B WOODS PARKWAY SUITE 401		Title: Name: Address: City-St-Zip:	JENKINS, BRA	MB WOODS PKWY SUITE 401
Title: Name: Address: City-St-Zip:	JENKINS, W. G	B WOODS PARKWAY SUITE 401		Title: Name: Address: City-St-Zip:	DST (X) Change () Addition JENKINS, W. GUINN 1000 HOLCOMB WOODS PKWY SUITE 401 ROSWELL, GA 30076	
Title: Name: Address: City-St-Zip:	PEET, GARY 5495 E MOUNT	Delete TAIN STREET TAIN, GA 30083		Title: Name: Address: City-St-Zip:	D (X) Change () Addition GUESS, DOUG 1000 HOLCOMB WOODS PKWY SUITE 401 ROSWELL, GA 30076	
Title: Name: Address: City-St-Zip:	MILLER, SCOT	STREET STE 2675		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LOVETT, RAD) Delete NT DRIVE STE 1600 E, FL 32202		Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: W. GUINN JENKINS SEC 04/27/2009