

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90311 009 ***150.00



DOCUMENT # J29408

1. Entity Name
 INSOURCE, INC.

Principal Place of Business
 9500 S. DADELAND BLVD.
 #200
 MIAMI, FL 33156-2866 US

Mailing Address
 P. O. BOX 561567
 MIAMI, FL 33256-1567 US

40047646



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-2776540

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WORLEY, J. HAYES JR.
 9500 S DADELAND BLVD
 STE 200
 MIAMI, FL 33156-2866

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	KLEIS, WILLIAM F	
STREET ADDRESS	9500 S DADELAND BLVD., #200	
CITY-ST-ZIP	MIAMI, FL 331562866	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SOTO, ALEJANDRO	
STREET ADDRESS	9500 S. DADELAND BLVD., #200	
CITY-ST-ZIP	MIAMI, FL 331562866	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BALL, CHARLES C	
STREET ADDRESS	9500 S DADELAND BLVD., #200	
CITY-ST-ZIP	MIAMI, FL 331562866	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LYONS, PHILLIP C	
STREET ADDRESS	9500 S. DADELAND BLVD., #200	
CITY-ST-ZIP	MIAMI, FL 331562866	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SWICEGOOD, BRIAN E	
STREET ADDRESS	9500 S. DADELAND BLVD., #200	
CITY-ST-ZIP	MIAMI, FL 331562866	
TITLE	V	<input type="checkbox"/> Delete
NAME	VODICKA, CHARLES	
STREET ADDRESS	9500 S DADELAND BLVD 200	
CITY-ST-ZIP	MIAMI, FL 331562866	

TITLE	COB D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. HAYES WORLEY, JR.	
STREET ADDRESS	9500 So. Dadeland Blvd., #200	
CITY-ST-ZIP	MIAMI, FL 33156-2866	
TITLE	COB D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCO M. HUMPHREY	
STREET ADDRESS	9500 So. Dadeland Blvd, #200	
CITY-ST-ZIP	MIAMI, FL 33156-2866	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

Charles Ball Jr

4/2/06

305-670-5340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHARLES C BALL