
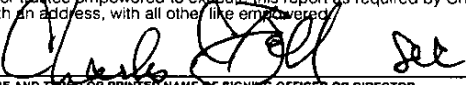


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90026 045 ***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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2776540		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WORLEY, J. HAYES JR. 9500 S DADELAND BLVD STE 200 MIAMI, FL 33156-2866		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 _____		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KLEIS, WILLIAM F 9500 S DADELAND BLVD., #200 MIAMI, FL 331562866 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VRE CHAIRMAN / D PARKER, WILLIAM L. 9500 S. Dadeland Blvd, #200, MIAMI, FL 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOTO, ALEJANDRO 9500 S. DADELAND BLVD., #200 MIAMI, FL 331562866 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CEO SOTO, ALEJANDRO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BALL, CHARLES C 9500 S DADELAND BLVD., #200 MIAMI, FL 331562866 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIMKA, DAVOR I. ← same address <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LYONS, PHILLIP C 9500 S. DADELAND BLVD., #200 MIAMI, FL 331562866 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUMPHREY, HAROLD M. Officer only, no longer a director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD WORLEY, JR, J. HAYES 9500 S. DADELAND BLVD., #200 MIAMI, FL 331562866 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	← WORLEY, J. HAYES JR. 9500 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VODICKA, CHARLES 9500 S DADELAND BLVD 200 MIAMI, FL 331562866 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VODICKA, CHARLES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 3/13/08 Daytime Phone #: 305-670-5340	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

40047356



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