

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J43041

Entity Name: INFOSOURCE, INC.

FILED  
Apr 24, 2006  
Secretary of State

## Current Principal Place of Business:

6947 UNIVERSITY BLVD  
WINTER PARK, FL 32792 US

## New Principal Place of Business:

## Current Mailing Address:

6947 UNIVERSITY BLVD  
WINTER PARK, FL 32792 US

## New Mailing Address:

FEI Number: 59-2336346

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WARRNER, THOMAS W  
6947 UNIVERSITY BLVD.  
WINTER PARK, FL 32792 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: WARRNER, THOMAS,  
Address: 713 IRONWOOD CT.  
City-St-Zip: WINTER SPRINGS, FL

Title: DVPF ( ) Delete  
Name: O'REILLY, LINDA  
Address: 2283 WESTMINSTER TERR  
City-St-Zip: OVIEDO, FL 32765

Title: DCEO ( ) Delete  
Name: WERNER, MICHAEL  
Address: 1637 LAKEMONT AVENUE  
City-St-Zip: ORLANDO, FL 32814

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA O'REILLY

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

DVPF

04/24/2006

\_\_\_\_\_  
Date