## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# J43041

City-St-Zip:

ORLANDO, FL 32814

Entity Name: INFOSOURCE, INC.

FILED May 01, 2007 Secretary of State

Entity Nar	ne: INFOSOU	JRCE, INC.						
Current Principal Place of Business:				New Principal Place of Business:				
	ERSITY BLVD PARK, FL 3279							
Current Mailing Address:				New Mailing Address:				
	ERSITY BLVD PARK, FL 3279							
FEI Number:	59-2336346	FEI Number App	lied For()  FE	I Number Not Appli	cable ( )	Certifica	ate of Status De	esired ( )
Name and	Address of C	Current Register	Name and	Name and Address of New Registered Agent:				
6947 UNIV	R, THOMAS W ERSITY BLVD PARK, FL 3279	).						
	named entity s e of Florida.	submits this state	ment for the purpo	se of changing it	s registere	d office or r	egistered ag	ent, or both,
SIGNATUR	RE:							
	Electron	nic Signature of R	egistered Agent				Date	
		3(2)(b), F.S., the cor g Trust Fund Contri	poration did not rec	eive the prior notice	<b>)</b> .			
OFFICERS	S AND DIREC	TORS:		ADDITION	S/CHANG	ES TO OFF	ICERS AND	DIRECTORS:
Title: Name: Address: City-St-Zip:	DP ( ) WARRNER, TH 713 IRONWOO WINTER SPRIN	D CT.		Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	DVPF ( ) O'REILLY, LINE 2283 WESTMIN OVIEDO, FL 33	NSTER TERR		Title: Name: Address: City-St-Zip:		() Change	( ) Addition	
Title: Name: Address:	DCEO () WERNER, MIC 1637 LAKEMON			Title: Name: Address:	DCEO WERNER, I 38 CALLES	(X) Change MICHAEL SAN MARTIN	( ) 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.

City-St-Zip:

SANTA FE, NM 87506 US

SIGNATURE: LINDA O'REILLY DVPF 05/01/2007