2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J43041

City-St-Zip:

SANTA FE, NM 87506 US

FILED Apr 28, 2008 Secretary of State

Entity Nam	ne: INFOSOUR	RCE, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
6947 UNIVERSITY BLVD WINTER PARK, FL 32792 US			1300 CITY VIEW CENTER OVIEDO, FL 32765 US				
Current Mailing Address:				New Mailing Address:			
	UNIVERSITY BLVD ER PARK, FL 32792 US			1300 CITY VIEW CENTER OVIEDO, FL 32765 US			
FEI Number:	59-2336346	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
WARRNER, THOMAS W 6947 UNIVERSITY BLVD. WINTER PARK, FL 32792 US				WARRNER, THOMAS W 1300 CITY VIEW CENTER OVIEDO, FL 32765 US			
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:				04/28/2008			
Electronic Signature of Registered Agent				Date			
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () D WARRNER, THOM 713 IRONWOOD WINTER SPRING	MAS, CT.		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DVPF () D O'REILLY, LINDA 2283 WESTMINS OVIEDO, FL 3270	TER TERR		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	DCEO () D WERNER, MICHA 38 CALLE SAN M	EL		Title: Name: Address:	DCEO WERNER, M 1741 GLENO		

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:

WINTER PARK, FL 32789 US

SIGNATURE: LINDA O'REILLY DVPF 04/28/2008