2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005
Secretary of State

DOCUMENT# J99465

Entity Name: TECH SOURCE, INC.

Current Principal Place of Business:

442 S. NORTH LAKE BLVD. 1008
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

442 S. NORTH LAKE BLVD. 1008
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-2860843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEAL, EDWARD
442 S. NORTH LAKE BLVD.
ALTAMONTE SPRINGS, FL 32701 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: DSV ( ) Delete
Name: LAMM, JOSEPH D.,
Address: 442 S. N LAKE BLVD #1008
City-St-Zip: ALTAMONTE SPRG., FL

Title: DVC ( ) Delete
Name: LEAL, EDWARD
Address: 442 S. N LAKE BLVD #1008
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: DV ( ) Delete
Name: BENDFELT, RICHARD E
Address: 442 S. NORTH LAKE BLVD, #1008
City-St-Zip: ALTAMONTE SPGS, FL

Title: D ( ) Delete
Name: TOBIAS, MICHAEL J
Address: 442 S. NORTH LAKE BLVD. 1008
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: PD ( ) Delete
Name: MCCOLLOUGH, DARREL G
Address: 442 S. NORTH LAKE BLVD. 1008
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DT ( ) Delete
Name: GUPTA, RAJENDRA K
Address: 102 SMOKERISE BLVD
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change ( ) Addition
Name: LAMM, JOSEPH D.,
Address: 442 S. N LAKE BLVD #1008
City-St-Zip: ALTAMONTE SPRG., FL

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

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

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 Section 119.07(3)(i), 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: DARREL G. MCCOLLOUGH MR. 03/25/2005
Electronic Signature of Signing Officer or Director Date