



2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # J99465 1. Entity Name TECH SOURCE, INC.						FILED 05 AUG -1 AM 9: 53 TALLAHASSEE, FLORIDA	
Principal Place of Business 442 S. NORTH LAKE BLVD. 1008 ALTAMONTE SPRINGS, FL 32701				Mailing Address 442 S. NORTH LAKE BLVD. 1008 ALTAMONTE SPRINGS, FL 32701			
2. Principal Place of Business		3. Mailing Address				07272005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
4. FEI Number 59-2860843				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent			
LEAL, EDWARD 442 S. NORTH LAKE BLVD. ALTAMONTE SPRINGS, FL 32701				7. Name and Address of New Registered Agent			
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.				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DS LAMM, JOSEPH D. 442 S. N LAKE BLVD #1008 ALTAMONTE SPRG., FL		<input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DVC LEAL, EDWARD 442 S. N LAKE BLVD #1008 ALTAMONTE SPRINGS, FL		<input type="checkbox"/> Delete		CFO mark Coleman 442. S. North Lake Blvd. Altamonte Springs, FL 32701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DV BENDFELT, RICHARD E 442 S. NORTH LAKE BLVD, #1008 ALTAMONTE SPGS, FL		<input type="checkbox"/> Delete		D Thomas T. Wood 3434 E Bengal Blvd. #289 Salt Lake City, UT 84121	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D TOBIAS, MICHAEL J 442 S. NORTH LAKE BLVD. 1008 ALTAMONTE SPRINGS, FL 32701		<input type="checkbox"/> Delete		Delete: Joseph Rodgers Art Herbert	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD MCCOLLOUGH, DARREL G 442 S. NORTH LAKE BLVD. 1008 ALTAMONTE SPRINGS, FL 32701		<input type="checkbox"/> Delete		100058486831 08/11/05--01050--028 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DT GUPTA, RAJENDRA K 102 SMOKERISE BLVD LONGWOOD, FL 32779		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Darrel G. McCollough</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				7/27/05 <small>Date</small>		407-262-7100 <small>Daytime Phone #</small>	