2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J99465

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CYPRESS, CA 90630

WALETZKI, THOMAS J

5710 WARLAND DRIVE

CYPRESS, CA 90630

() Delete

FILED Apr 15, 2008 Secretary of State

Entity Name: TECH SOURCE, INC. **Current Principal Place of Business: New Principal Place of Business:** 3340 EDGEWATER DR. 442 NORTHLAKE BLVD. ORLANDO, FL 32804 #1008 ALTAMONTE SPRINGS, FL 32701 **Current Mailing Address: New Mailing Address:** 3340 EDGEWATER DR. 442 NORTHLAKE BLVD. ALTAMONTE SPRINGS, FL 32701 ORLANDO, FL 32804 FEI Number: 59-2860843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COOPER, SUSAN D 132 SABAL PALM CT. SANFORD, FL 32773 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition HENRIQUES, SELWYN L HENRIQUES, SELWYN L Name: Name: 3340 EDGEWATER DR. 442 NORTHLAKE BLVD. Address: Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ALTAMONTE SPRINGS, FL 32701 Title: Title: (X) Change () Addition () Delete COOPER, SUSAN D COOPER, SUSAN D Name: Name: 3340 EDGEWATER DRIVE 442 NORTHLAKE BLVD. Address: Address: ORLANDO, FL 32804 ALTAMONTE SPRINGS, FL 32701 City-St-Zip: City-St-Zip: Title: DS () Delete Title: () Change () Addition ARISE, MANABU Name: Name: 5710 WARLAND DRIVE Address: Address:

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:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SUSAN D. COOPER CFO 04/15/2008

() Change () Addition