2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 06, 2007 8:00 am
Secretary of State
06-06-2007 90069 024 ***150.00

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1. Entity Name
HIGHERSOURCE INC.

40120020

Principal Place of Business	Mailing Address
1810 WINTERGREEN BLVD WINTER PARK, FL 32792	1810 WINTERGREEN BLVD WINTER PARK, FL 32792

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
32332 Wacassa Trl.	32332 Wacassa Trl.
Suite, Apt #, etc	Suite, Apt #, etc
City & State: Sorrento, Florida	City & State: Sorrento Florida
Zip: 32776 Country: Lake	Zip: 32776 Country: Lake

4. FEI Number: 13-4209597 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORALES, WANDA J 1810 WINTER GREEN BLVD WINTER PARK, FL 32792	Name: Morales Wanda J Street Address (P.O. Box Number is Not Acceptable): 32332 Wacassa Trl. City: Sorrento FL Zip Code: 32776

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.

SIGNATURE: Wanda Morales Wanda Morales 6/1/07
Signature, typed or printed name of registered agent and title if applicable — DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MORALES LUIS E JR 1810 WINTERGREEN BLVD WINTER PARK FL 32792	☐ Delete	P MORALES LUIS E JR 32332 Wacassa Trl. Sorrento Florida 32776	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Luis E Morales 6/1/07 321-303-2588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #