## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000066923

WENDEL, JOHN

LAKELAND, FL 33801

211 EAST MAIN STREET, STE 100

Name:

Address:

City-St-Zip:

Entity Name: MIDAMERICA INVESTMENT SOLUTIONS, INC.

FILED Apr 10, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE 100	MAIN STREE ) D, FL 33801	T			
LAKLLAIN	D, I L 33601				
Current Mailing Address:			New Mailing Address:		
SUITE 100	MAIN STREE ) D, FL 33801	:T			
FEI Number	: 20-1332828	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
211 EAST SUITE 100	N, J. WESLEY MAIN STREE ) D, FL 33801	:T			
	named entity e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD ( COMPTON, J. 6502 BLACKF APOLLO BEAG	IN WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	GEORGES, R	LLINGSWORTH DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CHRITTON, C	N STREET, STE 100	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D (	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: J. WESLEY COMPTON PD 04/10/2008