2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000102001

Entity Name
 INSOURCE OF LOUISIANA, INC.



FILED
Apr 23, 2007 08:00 AM
Secretary of State

Principal Place of Business

1150 TARPON CENTER DR STE 704 Venice, FL 34285 Mailing Address

P.O. BOX 4490

SCOTTSDALE, AZ 85261



04182007

No Chg-P

CR2E034 (11/05)

4. FEI Number 34-2003725

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEATTIE, RICHARD P 1150 TARPON CENTER DR STE 704 VENICE, FL 34285

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	named entity submits this statement for the p tions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.						
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent				gent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000721624 05/01/07-80153-005 150.00	
10.	OFFICERS AND DIREC	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEATTIE, RICHARD P 1150 TARPON CENTER DR STE 704 VENICE, FL 34285					
TITLE NAME STREET ADDRESS CAY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

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 touchest approved 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 accuracy with all other like empowered.

SIGNATURE: 足

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SUNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Giahard Beattre 4/18/07 480 483 0009