

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000168459

FILED
Apr 25, 2007
Secretary of State

Entity Name: MISOURCE CONSULTING CORPORATION

Current Principal Place of Business:

11940 SHELDON RD
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

11940 SHELDON RD
TAMPA, FL 33626

New Mailing Address:

FEI Number: 20-4056492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOOTHE, DARVIN
10626 TAVISTOCK DR
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: BOOTHE, DARVIN
Address: 11940 SHELDON RD
City-St-Zip: TAMPA, FL 33626

Title: VPT () Delete
Name: JENSEN, CORY
Address: 11940 SHELDON RD
City-St-Zip: TAMPA, FL 33626

Title: VP () Delete
Name: FREEMAN, JOHN
Address: 11940 SHELDON RD
City-St-Zip: TAMPA, FL 33626

Title: VPS () Delete
Name: SPANKE, MATT
Address: 11940 SHELDON RD
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: A. DARVIN BOOTHE

PRES

04/25/2007

Electronic Signature of Signing Officer or Director

_____ Date