

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000157596

FILED
Apr 25, 2008
Secretary of State

Entity Name: ACCUSOURCE INVESTIGATIVE SOLUTIONS, INC.

Current Principal Place of Business:

120 ORION WAY
SANFORD, FL 32773

New Principal Place of Business:

30439 GIDRAN TERRACE
MOUNT DORA, FL 32757

Current Mailing Address:

120 ORION WAY
SANFORD, FL 32773

New Mailing Address:

P.O. BOX 53
MOUNT DORA, FL 32756 00

FEI Number: 30-0396716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, CARL D
120 ORION WAY
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

LEWIS, CARL D
30439 GIDRAN TERRACE
MOUNT DORA, FL 32757 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

04/25/2008

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEWIS, CARL D
Address: P.O. BOX 952235
City-St-Zip: LAKE MARY, FL 32795

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEWIS, CARL D
Address: P.O. BOX 53
City-St-Zip: MOUNT DORA, FL 32757

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: CARL D. LEWIS

Electronic Signature of Signing Officer or Director

P

04/25/2008

Date