

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000157596

FILED
Jan 12, 2009
Secretary of State

Entity Name: ACCUSOURCE INVESTIGATIVE SOLUTIONS, INC.

Current Principal Place of Business:

30439 GIDRAN TERRACE
MOUNT DORA, FL 32757

New Principal Place of Business:

2110 NORTH DONNELLY STREET
UNIT 100, SUITE 10
MOUNT DORA, FL 32757

Current Mailing Address:

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

New Mailing Address:

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
30439 GIDRAN TERRACE
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

LEWIS, CARL D
2110 NORTH DONNELLY STREET
UNIT 100, SUITE 10
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

01/12/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CARL D. LEWIS

Electronic Signature of Signing Officer or Director

P

01/12/2009

Date