

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000098030

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: YOUR EVENT SOURCE, INC.

## Current Principal Place of Business:

2220 CR 210 WEST  
SUITE 108-134  
JACKSONVILLE, FL 32259

## New Principal Place of Business:

2220 CR 210 WEST  
SUITE 108-510  
JACKSONVILLE, FL 32259

## Current Mailing Address:

2220 CR 210 WEST  
SUITE 108-134  
JACKSONVILLE, FL 32259

## New Mailing Address:

2220 CR 210 WEST  
SUITE 108-510  
JACKSONVILLE, FL 32259

FEI Number: 26-0861675

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HANSCOM, LAWANDA K  
2220 CR 210 WEST  
SUITE 108-134  
JACKSONVILLE, FL 32259 US

## Name and Address of New Registered Agent:

HANSCOM, LAWANDA K  
2220 CR 210 WEST  
SUITE 108-510  
JACKSONVILLE, FL 32259 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: LAWANDA HANSCOM

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CFO ( ) Delete  
Name: HANSCOM, LAWANDA K  
Address: 2013 SPRING MEADOWS COURT  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: CEO ( ) Delete  
Name: HANSCOM, DAVID J  
Address: 2013 SPRING MEADOWS COURT  
City-St-Zip: ST. AUGUSTINE, FL 32092

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HANSCOM, LAWANDA K  
Address: 2013 SPRING MEADOWS COURT  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VP (X) Change ( ) Addition  
Name: HANSCOM, DAVID J  
Address: 2013 SPRING MEADOWS COURT  
City-St-Zip: ST. AUGUSTINE, FL 32092

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: DAVID HANSCOM

VP

04/14/2009

Electronic Signature of Signing Officer or Director

Date