

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P29648

Entity Name: TRAVELSOURCE AMERICA INC.

FILED
Sep 22, 2009
Secretary of State

Current Principal Place of Business:

1655 JOHN ARTHUR WAY
LAKELAND, FL 33803 US

New Principal Place of Business:

Current Mailing Address:

3138 MARTHASVILLE COURT
GAINESVILLE, GA 30506

New Mailing Address:

1655 JOHN ARTHUR WAY
LAKELAND, FL 33803 US

FEI Number: 58-1866793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISE, REBECCA S.
1655 JOHN ARTHUR WAY
LAKELAND, FL 338033509 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEWART, THOMAS W., JR.
Address: 3138 MARTHASVILLE COURT
City-St-Zip: GAINESVILLE, GA 305061620

Title: STD () Delete
Name: STEWART, THOMAS W., JR.
Address: 3138 MARTHASVILLE COURT
City-St-Zip: GAINESVILLE, GA 305061620

Title: VP () Delete
Name: WISE, REBECCA S
Address: 1655 JOHN ARTHUR WAY
City-St-Zip: LAKELAND, FL 338033509

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WISE, REBECCA S
Address: 1655 JOHN ARTHUR WAY
City-St-Zip: LAKELAND, FL 338033509

Title: STD (X) Change () Addition
Name: WISE, REBECCA S
Address: 1655 JOHN ARTHUR WAY
City-St-Zip: LAKELAND, FL 338033509

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: REBECCA S. WISE

PD

09/22/2009

Electronic Signature of Signing Officer or Director

Date