2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # P94000046507** May 01, 2006 08:00 Al **Secretary of State** TELESOURCE, INC. Principal Place of Business Mailing Address 4630 S KIRKMAN RD 7019 VILLA ESTELLE DR. SUITE 335 ORLANDO, FL 32819 ORLANDO, FL 32811 04282006 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3250613 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHUBERTH, KARL A DO NOT WRITE 7019 VILLA ESTELLE DR. ORLANDO, FL 32819 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SCHUBERTH, KARL NAME STREET ADDRESS 7019 VILLA ESTELLE DR. U00000552679 05/15/06-80021-011 150.00 CHY-ST-71P ORLANDO, FL 32819 TITLE MARJE STREET ADDRESS CITY-ST-ZIP TITLE MAJUE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZP MLE STREET ADDRESS CITY-ST-ZIP MLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

17. 1

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 407405738