

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F04000002378

Entity Name: RADIUS FINANCIAL GROUP, INC.

FILED
Oct 07, 2008
Secretary of State

Current Principal Place of Business:

600 LONGWATER DRIVE
SUITE 107
NORWELL, MA 02061

New Principal Place of Business:

Current Mailing Address:

600 LONGWATER DRIVE
SUITE 107
NORWELL, MA 02061

New Mailing Address:

FEI Number: 04-3483190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPLIANCE CONSULTING CORPORATION OF FLORI
521 LAKE AVENUE, STE. 4
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

COMPLIANCE CONSULTING CORPORATION OF FLORI
1013 LUCERNE AVENUE
SUITE 201
LAKE WORTH, FL 33460 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: KEITH POLASKI

10/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCOO () Delete
Name: POLASKI, KEITH
Address: 465 CHANDLER STREET
City-St-Zip: DUXBURY, MA 02332

Title: P () Delete
Name: VALENTINI, SARAH
Address: 13 SILVER BROOK LN.
City-St-Zip: NORWELL, MA 02061

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KEITH E POLASKI

MR

10/07/2008

Electronic Signature of Signing Officer or Director

Date