2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2009
Secretary of State

DOCUMENT# F04000003009

Entity Name: SOURCES FINANCIAL HOLDING CO., LTD.

Current Principal Place of Business:

301 CRAWFORD BLVD.,
SUITE 201
BOCA RATON, FL 33432

New Principal Place of Business:

301 CRAWFORD BLVD.,
SUITE 206
BOCA RATON, FL 33432

Current Mailing Address:

P.O.BOX 970323,
BOCA RATON, FL 33497 PA

New Mailing Address:

FEI Number: 38-3000536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNOLL, AMOS
301 CRAWFORD BLVD.,
SUITE 201
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

KNOLL, AMOS
301 CRAWFORD BLVD.,
SUITE 206
BOCA RATON, FL 33432 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: 05/08/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: KNOLL, AMOS
Address: 301 CRAWFORD BLVD., SUITE 201
City-St-Zip: BOCA RATON, FL 33432

Title: PT ( ) Delete
Name: SANCRICCA, ROMEO
Address: 25130 SOUTHFIELD RD., SUITE 207
City-St-Zip: SOUTHFIELD, FL 48075

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: KNOLL, AMOS
Address: 301 CRAWFORD BLVD., SUITE 206
City-St-Zip: BOCA RATON, FL 33432

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: AMOS KNOLL PRES 05/08/2009
Electronic Signature of Signing Officer or Director Date