

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000170534

1. Entity Name
SINGLE SOURCE INVESTMENT GROUP, INC.



Principal Place of Business
2300 PALM BEACH LAKES BLVD STE 218
WEST PALM BEACH, FL 33409

Mailing Address
2300 PALM BEACH LAKES BLVD STE 218
WEST PALM BEACH, FL 33409

FILED
06 NOV -1 11 10:02

SEC. TALLANT



10302006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-2540451

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAGAN, RAMON JR
2300 PALM BEACH LAKES BLVD STE 218
WEST PALM BEACH, FL 33409

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

900081435149

11/01/06--01046--008 **61.25

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME CREEGER, LAWRENCE
STREET ADDRESS 500 AUSTRALIAN AVENUE SOUTH, SUITE 619
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME PAGAN, RAMON JR
STREET ADDRESS 500 AUSTRALIAN AVENUE SOUTH, SUITE 619
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE PDST ☒ Change ☐ Addition
NAME PAGAN, RAMON JR
STREET ADDRESS 2300 PALM BEACH LAKES BLVD STE 218
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

RAMON PAGAN, JR.

10/30/06

(561) 697-8751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #