


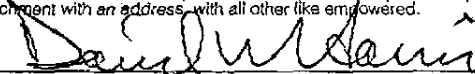


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

| | | |
|--|--|---|
| DOCUMENT # F02000000582 | |  |
| 1. Entity Name SOURCE CAPITAL GROUP, INC. | | |
| Principal Place of Business 276 POST RD WEST WESTPORT, CT 06880 | | Mailing Address 276 POST RD WEST WESTPORT, CT 06880 |
| DO NOT WRITE IN THIS SPACE | | |
|  | | |
| 01312006 No Chg-P CRZE034 (11/05) | | |
| 4. FEI Number 06-1398455 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent GRUNEISEN, KENNETH J 3170 NORTH FEDERAL HWY LIGHTHOUSE POINT, FL 33064 | | DO NOT WRITE 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:  3/7/06 <small>Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HARRIS, DAVID W 276 POST RD WEST WESTPORT, CT 06880 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V RYAN, BRUCE C 276 POST RD WEST WESTPORT, CT 06880 | |
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| DO NOT WRITE IN THIS SPACE | | |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 3/15/06 <small>Date Daytime Phone #</small> |