

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000582

FILED
Feb 12, 2009
Secretary of State

Entity Name: SOURCE CAPITAL GROUP, INC.

Current Principal Place of Business:

276 POST RD WEST
WESTPORT, CT 06880

New Principal Place of Business:

Current Mailing Address:

276 POST RD WEST
WESTPORT, CT 06880

New Mailing Address:

FEI Number: 06-1398455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRUNEISEN, KENNETH J
3170 NORTH FEDERAL HWY
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

GRUNEISEN, KENNETH J
3170 NORTH FEDERAL HWY
SUITE 103A
LIGHTHOUSE POINT, FL 33064 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: KENNETH GRUNEISEN

02/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARRIS, DAVID W
Address: 276 POST RD WEST
City-St-Zip: WESTPORT, CT 06880

Title: V () Delete
Name: RYAN, BRUCE C
Address: 276 POST RD WEST
City-St-Zip: WESTPORT, CT 06880

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: DAVID W. HARRIS

PRES

02/12/2009

Electronic Signature of Signing Officer or Director

Date