## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000003009

Entity Name: SOURCES FINANCIAL HOLDING CO., LTD.

FILED Apr 20, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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301 CRAFORD BLVD., SUITE 204 BOCA RATON, FL 33432 301 CRAWFORD BLVD., SUITE 201 BOCA RATON, FL 33432 BOCA RATON, FL 33432

Current Mailing Address: New Mailing Address:

 301 CRAFORD BLVD.,
 301 CRAWFORD BLVD.,

 SUITE 204
 SUITE 201

 BOCA RATON, FL 33432
 BOCA RATON, FL 33432

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KNOLL, AMOS
301 CRAFORD BLVD.,
SUITE 204
BOCA RATON, FL 33432 US

KNOLL, AMOS
301 CRAWFORD BLVD.,
SUITE 201
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: AMOS KNOLL 04/20/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete

Name: KNOLL, AMOS Address: 301 CRAFORD BLVD., SUITE 204

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 -

KNOLL, AMOS

CFO

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

301 CRAWFORD BLVD., SUITE 201

BOCA RATON, FL 33432

(X) Change ( ) Addition

() Change () Addition

Name: Address: Citv-St-Zip:

Title:

Name:

Title:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 CEO 04/20/2006