


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000085034
1. Entity Name
RATINGSOURCE, INC.



Principal Place of Business Mailing Address
465 S. ORLANDO AVE 465 S. ORLANDO AVE
STE 401 STE 401
MAITLAND, FL 32751 MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE



08082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3674877	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEBSTER, RONALD S
719 PEACHTREE RD
STE 200
ORLANDO, FL 32804

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

08/23/07-80005-006 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PICKAR, ROGER
STREET ADDRESS	465 S. ORLANDO AVE, STE 401
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	VTD
NAME	OREN, CAL
STREET ADDRESS	465 S. ORLANDO AVE, STE 401
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	LUTZ, TOM
STREET ADDRESS	465 S. ORLANDO AVE, STE 401
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	SD
NAME	WEBSTER, RONALD S
STREET ADDRESS	719 PEACHTREE RD, STE 200
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ *[Signature]* Aug. 17, 2007 410/747-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #