


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P00000085034 1. Entity Name RATINGSOURCE, INC.	
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Principal Place of Business 465 S. ORLANDO AVE STE 401 MAITLAND, FL 32751	Mailing Address 465 S. ORLANDO AVE STE 401 MAITLAND, FL 32751
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08082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000772684
08/23/07-800005-006 150.00

**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	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 17, 2007 409/747-4300

Date

Daytime Phone #