

P01000050795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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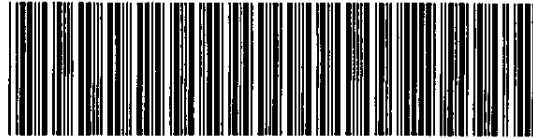
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*PA All Change*  
*SL*

# Financial Source Capital Corporation

December 27, 2006

Sue M. Cobb  
Secretary of State  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Financial Source Capital Corporation #P01000050795 (filed 5/22/2001)  
FEI # 65-1107492

Dear Ms. Cobb:


This letter is to notify your department of the transfer of ownership of the above captioned corporation's 100 shares, representing 100% ownership, from Linda T. Colaprete to Stephen L. Needle effective at the conclusion of the Corporation's fiscal year 2006 December 31<sup>st</sup>.

The mailing address for this corporation is 725 N A1A Suite A-108, Jupiter, Florida. The registered agent for this corporation was Linda T. Colaprete and will become Stephen L. Needle.

The Officer and Director of the corporation will be Stephen L. Needle, 725 N A1A, Suite A-108, Jupiter, Florida 33477.

Although I do not know if it is required for your records I have enclosed copies of the Assignment of Subscription and my Resignation. If there is any further information or notification required I am reachable by phone at 561-575-6999 or by mail at 725 N A1A, Suite A-108, Jupiter, Florida.

Sincerely,

  
Linda T. Colaprete

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Financial Source Capital Corporation  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000050795

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen L. Needle  
(Name of Contact Person)

Financial Source Capital Corp.  
(Firm/Company)

725 N ALA Suite A-108  
(Address)

Jupiter Florida 33477  
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen L. Needle at (561) 745-9800  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Financial Source Capital Corporation  
2. The principal office address: 725 N AIA Suite A108, Jupiter, FL 33477  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 5/22/2001 Document number: 901000050795  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

LINDA T. Colaprete  
209 Golfview Drive  
Tequesta, FL 33469

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Stephen L. Needle  
725 N AIA Suite A108  
(P.O. Box NOT acceptable)  
Jupiter, Florida 33477

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

*Stephen L. Needle*  
(Signature of an officer or director)

LINDA T. Colaprete  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Serial#: EE4A8693  
Stephen L. Needle  
Certified Electronic Signature  
(Signature of Registered Agent)

12/27/2006

(Date)

If signing on behalf of an entity:

Stephen L. Needle  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)