

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P95000052765

1. Entity Name
INVESTMENT SOURCES, INC.



Principal Place of Business
**% HOLDING CAPITAL GROUP, INC.
104 CRANDON BLVD., ROOM 419
KEY BISCAVNE, FL 33149**

Mailing Address
**% HOLDING CAPITAL GROUP, INC.
104 CRANDON BLVD., ROOM 419
KEY BISCAVNE, FL 33149**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0596667	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

**SOTO, MYRNA
104 CRANDON BLVD.
ROOM 419
KEY BISCAVNE, FL 33149**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000852635
03/26/08-80037-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DONAGHY, JAMES W
STREET ADDRESS	7 RIDGEWOOD DRIVE
CITY-ST-ZIP	BRIDGEWATER, CT 06752
TITLE	VS
NAME	LEISCHNER, STEVEN
STREET ADDRESS	1979 DOGWOOD DRIVE
CITY-ST-ZIP	SCOTCH PLAINS, NJ 07076
TITLE	CD
NAME	SPENCER, S.A.
STREET ADDRESS	251 CRANDON BLVD., #164
CITY-ST-ZIP	KEY BISCAVNE, FL 33149
TITLE	AS
NAME	DENIS, LYNNE
STREET ADDRESS	630 THIRD AVENUE 7TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10017
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: *By: Steven Leischner Vice Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/08
Date

(305) 361-8864
Daytime Phone #