2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State
03-27-2007 90007 020 ***158.75

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1. Entity Name
SHARED TECHNOLOGIES INC.

Principal Place of Business	Mailing Address
1405 SOUTH BELTLINE ROAD SUITE 100 COPPELL, TX 75019	1405 SOUTH BELTLINE ROAD SUITE 100 COPPELL, TX 75019

03142007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1405 S. Beltline Rd	1405 S. Beltline Rd
Suite, Apt. #, etc.: Ste 100	Suite, Apt. #, etc.: Ste 100
City & State: Coppell, TX	City & State: Coppell, TX
Zip: 75019 Country:	Zip: 75019 Country:

4. FEI Number: 33-1009098 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D PARELLA, ANTHONY J 1405 SOUTH BELTLINE ROAD, SUITE 100 COPPELL, TX 75019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO MAUNDER, DENNIS M 1405 SOUTH BELTLINE ROAD, SUITE 100 COPPELL, TX 75019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO Renee J Hornbaker 1405 S. Beltline Rd Ste 100 Coppell, TX 75019	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'DONNELL, SHAWN F 1405 SOUTH BELTLINE ROAD, SUITE 100 COPPELL, TX 75019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC CHUBE, KELLEYE 1200 HARGER ROAD, STE. 211 OAKBROOK, IL 60523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Renee Hornbaker 3-20-07 972.462.5349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #