2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 90691 038 ***150.00

553514

DOCUMENT # P00000105827

1. Entity Name
Revenue Enhancement Group, Inc.

Principal Place of Business	Mailing Address
10813 Indian Trace Ft. Laud., FL 33328	10813 Indian Trace Ft. Laud., FL 33328

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
555 SW 12th Avenue		555 SW 12th Avenue	
Suite, Apt. #, etc.: #108		Suite, Apt. #, etc.: #108	
City & State: Pompano Beach, FL		City & State: Pompano Beach, FL	
Zip: 33069	Country: USA	Zip: 33069	Country: USA

4. FEI Number: Applied For — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

David A. Wagner
15600 NW 67th Avenue, Suite 308
Miami Lakes, FL 33014

7. Name and Address of New Registered Agent

Name: Mark Theodore
Street Address (P.O. Box Number is Not Acceptable): 555 SW 12th Avenue #108
City: Pompano Beach FL Zip Code: 33069

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.

SIGNATURE ________ 4-30-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [ ]

FILE NOW!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Mark Theodore 555 SW 12th Avenue #108 Pompano Beach, FL 33069	[ ] Delete		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS Bridgette Wagner 10813 Indian Trail Fort Laud., FL 33328	[X] Delete		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete		[ ] Change [ ] Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete		[ ] Change [ ] Addition

CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ________ 4-30-01 954-943-1401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR