

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90191 041 ***150.00

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DOCUMENT # P01000077627				1. Entity Name SHULLMAN TECHNOLOGY GROUP, INC	
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 2101 CORPORATE BLVD Suite, Apt. #, etc. SUITE 101 City & State BOCA RATON, FLORIDA Zip Country 33431 USA			3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country 		
4. FEI Number 65-1127912			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			DO NOT WRITE IN THIS SPACE		
DO NOT WRITE IN THIS SPACE			7. Name and Address of Current Registered Agent		
Name STEVE SHULLMAN			Street Address (P.O. Box Number is Not Acceptable) 2101 CORPORATE BLVD, SUITE 101		
City BOCA RATON			FL Zip Code 33431		
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					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STEVEN J. SHULLMAN 2101 CORPORATE BLVD, ST101 BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ALAN SHULLMAN 2101 CORPORATE BLVD ST101 BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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12. 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 10 or on an attachment with an address, with all other like empowered.					
SIGNATURE:			4/25/03 561 994-3311		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034B (12/02)