## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **ANNUAL REPORT** FILED Jul 11, 2007 08:00 AM DOCUMENT # P94000076173 1. Entity Name **Secretary of State** THE FULCRUM GROUP, INC. Principal Place of Business Mailing Address 95137 MACKINAGOROLE 2784 CAPE-CPE WAY us AVELIAISLAND, FL 32034 LAGVEDAS, NV 89121 06292007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3273022 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THOMPSON, BEEBE DO NOT WRITE 95137 MACKINAS CIRCLE AMELIA ISLAND, FL 32034 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. U00000768403 <u>/12/07-80010-003 158.75</u> SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. П Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 10. OFFICERS AND DIRECTORS TITLE THOMPSON, BEEBE NAME STREET ADDRESS 2784 CAPE HOPE WAY CITY-ST-ZIP LAS VEGAS, NV 89121 mle NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-78 IN THIS SPACE ME NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP

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 inclicated 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 cliractor 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-78P

