ANNUAL REPORT (AR) DOCUMENT # P98000027222 1. Entity Name						Jan 27, 2004 8:00 am Secretary of State 01-27-2004 90001 028 ***150.00			
ULCRUM	I FINANC	CIAL GROUP, INC				01-2	27-2004 90001 028	8 ***150.00	
	e of Business		Mailing Address						
032 MOCKINGBIRD DR. P.O. BOX 798 SANIBEL FL 33957 SANIBEL FL 33957									r
	lace of Busin	Same	3. Mailing Address	JM	R.				
Suite, Apt.		-	Suite, Apt. #, etc.				ORE CR2E0	034 (11/03)	anlied Fer
•			City & State			4. FEI Number	65-0820757	N	pplied For ot Applical
Zip	-	Country _	Zip _	Coun		5. Certificate of S		\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent					Name	7. Name and Ad	dress of New Registere	ed Agent	
BROWN, FRANK G JR 9032 MOCKINGBIRD DR. ——SANIBEL=FL=33957———————————————————————————————————					Street Address (P.O. Box Number is	Not Acceptable)		
		0090/		<u>*==</u>					
					City		F		le
the obligat	Signature, typed	ered agent. or printed name of registered age FEE IS \$150.00 ***		,	ed office or register J A gent signature required	l when reinstating)	n the State of Florida. Ta	₩-9/	
the obligat GNATURE F Afte ake Checl	Signature, typed	ered agent. or printed name of regime ed age 11 FEE IS \$150.00 04 Fee will be \$550.0 0 Florida Department	Brown	,	Jr.	t when reinstating) 9. Electio Trust F	DAT DAT	<u>}} ~ 0</u> ⊡ \$5.0 Adde	DO May B d to Fees
the obligat GNATURE . F Afte ake Chect E	Signature, typed ILE, NOW 1 r May 1, 200 k Payable to	ered agent. or printed name of redshifted agent FEE IS \$150.00 FEE IS \$150.00 FIORIDA Department OFFICERS AN	Brown	DTE: Registere 11. TITLE	Tr, d Agent signature required	t when reinstating) 9. Electio Trust F	DAT DAT	<u>}} ~ 0</u> ⊡ \$5.0 Adde	DO May E d to Fees
the obligat	ILE NOW! Rayable to DP BROWN, F	ered agent. or printed name of reproted age 11 FEE IS \$150.00 14 Fee will be \$550.00 14 Fee will be \$550.00 15 Florida Department OFFICERS AN RANK G JR KINGBIRD DR.	Brown	TE: Registerer 11. TITLE NAM STRE	Tr, d Agent signature required	t when reinstating) 9. Electio Trust F	DAT DAT	AND DIRECTOP	DO May E d to Fees
the obligat SNATURE . F Afte ake Check E E E E E E E E T ADDRESS '-ST-ZIP E	ILE NOW! r May 1, 200 C Payable to BROWN, F 9032 MOC SANIBEL F VT	ered agent. The second	Brown	TE: Registerer 11. TITLE NAM STRE CITY TITLE	Agent signature required a Agent signature required E E E E E E E E E E E E E	t when reinstating) 9. Electio Trust F	DAT DAT	AND DIRECTOP	DO May E d to Fees RS IN 11
the obligat SNATURE . Afte ake Check E E E E E E E E E E E E E E E E E E E	ILE NOW! Angle Content of the second	ered agent. The second	B Wo Wn mi and tille / applicable.	TE: Registerer 11. TITLE NAM STRE CITY TITLE NAM STRE	Agent signature required a Agent signature required E E E E E E E E E E E E E	t when reinstating) 9. Electio Trust F	DAT DAT	AND DIRECTOP	DO May E d to Fees RS IN 11
the obligat GNATURE . Afte Ake Check E E E E E E E E E E E E E E E E E E E	ILE NOW! r May 1, 200 C Payable to BROWN, F 9032 MOC SANIBEL F VT BROWN, J	ered agent.	B Wo Un on and title if applicable.	TIL: Registered TIL: Registered NAM STRE CITY TITLE NAM STRE CITY TITLE	Agent signature required Agent signature required E E E E E E E E E E E E E	t when reinstating) 9. Electio Trust F	DAT DAT	AND DIRECTOP	DO May E d to Fees RS IN 11 Add
the obligat SNATURE . Afte ake Checi	DP BROWN, F 9032 MOC SANIBEL F VT BROWN, J 9032 MOC SANIBEL F	ered agent.	B Wo Wn on and title / applicable.	TI: Registered TI: Registered NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	Agent signature required Agent signature required E E E E E E E E E E E E E	t when reinstating) 9. Electio Trust F	DAT DAT	AND DIRECTOP	DO May E d to Fees RS IN 11 Add
the obligat GNATURE . Afte ake Check LE ME REET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	DP BROWN, F 9032 MOC SANIBEL F VT BROWN, J 9032 MOC SANIBEL F	ered agent.	B Wo Un on and title if applicable.	TITLE Registerer TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM	Directory of Agent signature required E E E E E E E E E E	t when reinstating) 9. Electio Trust F	DAT DAT	AND DIRECTOP	DO May E d to Fees RS IN 11 Add
the obligat SNATURE . Afte ake Check E E E E E E E E E E E E E E AD E E E E	DP BROWN, F 9032 MOC SANIBEL F VT BROWN, J 9032 MOC SANIBEL F	ered agent.	B Wo Wn ini and title / applicable. of of State D DIRECTORS Delete Delete - D Wolan Delete - D Wolan Delete - D Wolan Delete - D Wolan Delete	TITLE Registerer TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM	d Agent signature required E E E E E E E E E E E E E	t when reinstating) 9. Electio Trust F	DAT DAT	AND DIRECTOP	20 May E d to Fees IS IN 11 Add
the obligat SNATURE . Afte ake Check E Afte ake Check E E E E E E E E E E E E E E E E E E E	DP BROWN, F 9032 MOC SANIBEL F VT BROWN, J 9032 MOC SANIBEL F	ered agent.	Brown and title 1 applicable. of State D DIRECTORS D Delete - Brown D Delete - Brown - Brown D Delete - Brown - Bro	TILLE NAM STRE CITY TILLE NAM STRE CITY TILLE NAM STRE CITY TILLE NAM STRE CITY TILLE NAM STRE CITY TILLE NAM STRE CITY	JF	t when reinstating) 9. Electio Trust F	DAT DAT	And DIRECTOP Change Change Change Change	DO May B d to Fees NS IN 11 Add
the obligat SNATURE . Afte ake Check E Afte E E E E E E E E E E E E E E E E E E E	DP BROWN, F 9032 MOC SANIBEL F VT BROWN, J 9032 MOC SANIBEL F	ered agent.	Brown and title 1 applicable. of State D DIRECTORS D Delete - Brown D Delete - Brown - Brown D Delete - Brown - Bro	TILLE NAM STRE CITY TILLE NAM STRE CITY TILLE NAM STRE CITY TILLE NAM STRE CITY TILLE NAM STRE CITY TILLE NAM STRE CITY	JF J d Agent signature required E IE ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E E E E E E ET ADDRESS -ST-ZIP E	t when reinstating) 9. Electio Trust F	DAT DAT	And DIRECTOP Change Change Change Change	DO May E d to Fees IS IN 11 Add
the obligat SNATURE . Afte ake Check E Afte ake Check E E E E E E E E E E E E E E E E E E E	DP BROWN, F 9032 MOC SANIBEL F VT BROWN, J 9032 MOC SANIBEL F	ered agent.	B Wo Wn on and title 1 applicable. of State D DIRECTORS D DIRECTORS D Delete - 19 Workin Delete	TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY	JFA Id Agent signature required E IE EE EE	t when reinstating) 9. Electio Trust F	DAT DAT	Solution Solution	DO May B d to Fees

•-----