

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90430 037 ***150.00

DOCUMENT # 999000044289
1. Entity Name
FINANCIAL RESOURCE GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2700 W Cypress Creek Road		3. Mailing Address 2700 W Cypress Creek Rd	
Suite, Apt. #, etc. Suite D-135		Suite, Apt. #, etc. Suite D-135	
City & State Fort Lauderdale FL		City & State Fort Lauderdale FL	
Zip 33309	Country	Zip 33309	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1058172	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Allan I. Kruger
Street Address (P.O. Box Number is Not Acceptable) 2700 West Cypress Creek Rd
Suite D-135
City Fort Lauderdale
FL Zip Code 33309

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 Allan I. Kruger DATE 5/1/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Fred Horwin 2700 W Cypress Creek Rd Fort Lauderdale FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Allan I. Kruger 2700 W Cypress Creek Rd Fort Lauderdale FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Allan I. Kruger DATE 5/1/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #