

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Nov 10, 2009  
Secretary of State**

DOCUMENT# F03000003646

Entity Name: SECURED HOLDINGS, INC.

**Current Principal Place of Business:**

8620 PEACE WAY  
LAS VEGAS, NV 89147

**New Principal Place of Business:**

**Current Mailing Address:**

7 CORPORATE PLAZA  
NEW PORT BEACH, CA 92660

**New Mailing Address:**

FEI Number: 88-0435912      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OLENICOFF, IGOR M  
1062 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33071      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title:            PTD            ( ) Delete  
Name:            OLENICOFF, IGOR M  
Address:        7 CORPORATE PLAZA  
City-St-Zip:    NEWPORT BEACH, CA 92660

Title:            VS            ( ) Delete  
Name:            OLENICOFF, NATALIA  
Address:        7 CORPORATE PLAZA  
City-St-Zip:    NEWPORT BEACH, CA 92660

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            PSVD            (X) Change ( ) Addition  
Name:            OLENICOFF, NATALIA  
Address:        7 CORPORATE PLAZA  
City-St-Zip:    NEWPORT BEACH, CA 92660

Title:            T            (X) Change ( ) Addition  
Name:            JACOBY, STEPHEN W  
Address:        7 CORPORATE PLAZA  
City-St-Zip:    NEWPORT BEACH, CA 92660

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATALIA OLENICOFF

P

11/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date