

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000085512

**FILED**  
**Mar 01, 2007**  
**Secretary of State**

**Entity Name:** SECURE NETWORK SOLUTIONS, INC.

**Current Principal Place of Business:**

5508 NE 3RD AVE.  
FORT LAUDERDALE, FL 33334

**New Principal Place of Business:**

5079 OLD DIXIE HWY #287,  
OAKLAND PARK, FL 33334

**Current Mailing Address:**

5079 OLD DIXIE HWY #287,  
OAKLAND PARK, FL 33334

**New Mailing Address:**

FEI Number: 65-1034806

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROTHERMEL, SHAUN  
5079 OLD DIXIE HWY #287,  
OAKLAND PARK, FL 33334 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROTHERMEL, SHAUN  
Address: 5508 NE 3RD AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33334

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

Title: P (X) Change ( ) Addition  
Name: ROTHERMEL, SHAUN  
Address: 5079 OLD DIXIE HWY #287,  
City-St-Zip: OAKLAND PARK, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the 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: SHAUN ROTHERMEL

PRES

03/01/2007

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

\_\_\_\_\_ Date