2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079394

FILED Feb 13, 2008 Secretary of State

Entity Na	ame: CBN SE	CURE TECHNOLOGIES INC.					
Current l	Principal Plac	e of Business:	New Princ	New Principal Place of Business:			
	RWOOD FORE BEACH, FL 33						
Current Mailing Address:			New Maili	New Mailing Address:			
	RWOOD FORE BEACH, FL 33						
FEI Numbe	er: 14-1840307	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desire	d ()	
Name an	d Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
11380 PF		DNS NETWORK INC. RMS ROAD #221E IS, FL 33410 US					
	e named entity te of Florida.	submits this statement for the	purpose of changing it	ts registered o	office or registered agent,	or both,	
SIGNATL	JRE:						
	Electro	nic Signature of Registered Ag	gent		Date		
Election Ca	ampaign Financir	g Trust Fund Contribution ().					
OFFICER	RS AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address:	CDT (BASCOMBE, 0 #200 - 18 AUR		Title: Name: Address:	CDT (X BASCOMBE, C #200 - 18 AUR			

City-St-Zip: OTTAWA, CA, K2E 7T9

() Delete LAVOIE, CHARLES R Name: Address: 145 RICHMOND ROAD OTTAWA, CA, K1Z 1Z1 City-St-Zip:

Title: () Delete

Name: SHAW, IAN

881 LADY ELLEN PLACE Address: City-St-Zip: OTTAWA, ONTARIO, CA K1Z 5L3

Title: DS () Delete MCKECHNIE, GORDON C Name: Address: 145 RICHMOND ROAD OTTAWA, CA K1Z 1A1 City-St-Zip:

LAVOIE. CHARLES R

OTTAWA, ON K2E 7T9 CA

(X) Change () Addition

Address: 145 RICHMOND ROAD OTTAWA, ON K1Z 1A1 CA City-St-Zip:

City-St-Zip:

Title:

Name:

Title: (X) Change () Addition Name: SHAW, IAN

Address: 881 LADY ELLEN PLACE

City-St-Zip: OTTAWA, ON K1Z 5L3 CA

Title: DS (X) Change () Addition

MCKECHNIE, GORDON C Name: Address: 145 RICHMOND ROAD OTTAWA, ON K1Z 1A1 CA City-St-Zip:

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: GORDON C. MCKECHNIE 02/13/2008 DS