

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000125122

**FILED**  
**Feb 26, 2011**  
**Secretary of State**

**Entity Name:** SECURICY VENTURES INC

**Current Principal Place of Business:**

6 MANATEE COURT  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

670-A A1A BEACH BOULEVARD  
ST. AUGUSTINE BEACH, FL 32080

**Current Mailing Address:**

PO BOX 840114  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

670-A A1A BEACH BOULEVARD  
ST. AUGUSTINE BEACH, FL 32080

**FEI Number:** 20-5689183

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLAIR, TITUS  
6 MANATEE COURT  
ST. AUGUSTINE, FL 32080 US

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

FRANCESKA BLACKFORD CPA PA  
670-A A1A BEACH BOULEVARD  
ST. AUGUSTINE BEACH, FL 32080 US

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: TITUS BLAIR

02/26/2011

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DO  
Name: BLAIR, TITUS O.  
Address: 250A KEEN STREET  
City-St-Zip: LISMMORE, NEW SOUTH WALES, NS 2480 AU

Title: D  
Name: BLAIR, NATALIE  
Address: 250A KEEN STREET  
City-St-Zip: LISMORE, NEW SOUTH WALES, NS 2480 AU

I hereby 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 all other like empowered.

SIGNATURE: TITUS BLAIR

MR

02/26/2011

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

\_\_\_\_\_  
Date