

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000715

FILED
Apr 23, 2007
Secretary of State

Entity Name: SECNAP NETWORK SECURITY CORPORATION

Current Principal Place of Business:

6421 CONGRESS AVENUE
#206
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

6421 CONGRESS AVENUE
#206
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 20-0391516 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOREMNY, BRIAN ESQ
ATKINSON, DINER, STONE, MANKUTA & PLOUCHA
100 S.E. 3RD AVENUE, 14TH FLOOR
FORT LAUDERDALE, FL 33394 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: D/PR () Delete
Name: SCHEIDELL, MICHAEL S
Address: 6421 CONGRESS AVENUE, #206
City-St-Zip: BOCA RATON, FL 33487 US

Title: D () Delete
Name: DELGADO, GUIDO
Address: 3664 COCO LAKE DR
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: D () Delete
Name: BATES, ELIZABETH
Address: 6421 CONGRESS AVENUE, #206
City-St-Zip: BOCA RATON, FL 33487 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DELGADO, GUIDO
Address: 3676 COCO LAKE DR
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL SCHEIDELL

D/PR

04/23/2007

Electronic Signature of Signing Officer or Director

_____ Date