


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

3/29,

FILED
Jul 30, 2004 8:00 am
Secretary of State

03-29-2004 90025 039 ***150.00

DOCUMENT # F01000006281 1. Entity Name ECAMSECURE, INC.	
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Principal Place of Business 436 WEST WALNUT AVENUE GARDENA, CA 90248	Mailing Address 436 WEST WALNUT AVENUE GARDENA, CA 90248
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66430979



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4834826	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

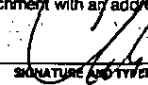
SIGNATURE  **3-22-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD COFFEY, CHRISTOPHER 436 WEST WALNUT AVENUE GARDENA, CA 90248
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D COFFEY, ROBERT 436 WEST WALNUT AVENUE GARDENA, CA 90248
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CFO BABCOCK, WILLIAM 436 WEST WALNUT AVENUE GARDENA, CA 90248
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **7/19/04** **(310) 818-1030**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #