

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F02000003190 1. Entity Name SECUREUSA, INC.						FILED 05 OCT 12 PM 5:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4250 KEITH BRIDGE RD STE 160 CUMMING, GA 30041				Mailing Address PO BOX 2298 CUMMING, GA 30028			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 58-2178748				Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WASMAN, SUSAN 7028 PECAN CT. WINTER PARK, FL 32792				Name Susan Wasman Street Address (P.O. Box Number is Not Acceptable) 122 Valencia Loop City Altamonte Springs FL Zip Code 32714			
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 <u><i>Susan Wasman</i></u> Susan Wasman 10/7/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP CLARK, BEVAN <input type="checkbox"/> Delete 6060 HICKORY HILLS RD CUMMING, GA 30041			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700060545827 10/12/05--0104T--004 **158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP KEOUGH, MICHAEL <input type="checkbox"/> Delete 5765 HOPEWELL RD. CUMMING, GA 30040			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTDS HERSLEBS, TAMMY <input type="checkbox"/> Delete 5135 CREEKWOOD DR CUMMING, GA 30041			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4135 Creekwood Drive		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO MORGAN, MITCH <input type="checkbox"/> Delete 8525 WOODLAND VIEW DR GAINESVILLE, GA 30506			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Tammy Herslebs</i></u> Tammy Herslebs 10-7-05 708330177 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							