

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003190

Entity Name: SECUREUSA, INC.

FILED
Jan 12, 2006
Secretary of State

Current Principal Place of Business:

4250 KEITH BRIDGE RD
STE 160
CUMMING, GA 30041

New Principal Place of Business:

Current Mailing Address:

PO BOX 2298
CUMMING, GA 30028

New Mailing Address:

FEI Number: 58-2178748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASMAN, SUSAN
122 VALENCIA LOOP
ALTAMONTE SPRINGS, FL 32714 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: CP () Delete
Name: CLARK, BEVAN
Address: 6060 HICKORY HILLS RD
City-St-Zip: CUMMING, GA 30041

Title: VCVP () Delete
Name: KEOUGH, MICHAEL
Address: 5765 HOPEWELL RD.
City-St-Zip: CUMMING, GA 30040

Title: DTDS () Delete
Name: HERSLEBS, TAMMY
Address: 4135 CREEKWOOD DR
City-St-Zip: CUMMING, GA 30041

Title: COO () Delete
Name: MORGAN, MITCH
Address: 8525 WOODLAND VIEW DR
City-St-Zip: GAINESVILLE, GA 30506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: CLARK, BEVAN
Address: 6060 HICKORY HILLS RD
City-St-Zip: CUMMING, GA 30041

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

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

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: TAMMY HERSLEBS

DTDS

01/12/2006

Electronic Signature of Signing Officer or Director

Date