2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# F05000007495

Entity Name: SECURANT, INC.

Current Principal Place of Business:

2110 DREW STREET, SUITE 200
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

2110 DREW STREET, SUITE 200
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 75-3065130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAPLAN, KAREN
2110 DREW STREET, SUITE 200
CLEARWATER, FL 33765 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:	EZRA, MEIR	
Address:	2110 DREW STREET, SUITE 200	
City-St-Zip:	CLEARWATER, FL 33765	
Title:	D	( ) Delete
Name:	STAPLES, MIKE	
Address:	896 ISLAND WAY	
City-St-Zip:	CLEARWATER, FL 33767	
Title:	S	( ) Delete
Name:	KAPLAN, KAREN	
Address:	2110 DREW STREET, SUITE 200	
City-St-Zip:	CLEARWATER, FL 33765	
Title:	T	( ) Delete
Name:	BARROS, JOSEFA	
Address:	2110 DREW STREET, SUITE 200	
City-St-Zip:	CLEARWATER, FL 33765	
Title:	D	( ) Delete
Name:	WALKER, BOB	
Address:	9001 31ST STREET WEST	
City-St-Zip:	ST. LOUIS PARK, MN 55246	
Title:	V	( ) Delete
Name:	STANZANI, ROBERTO	
Address:	2110 DREW STREET, SUITE 200	
City-St-Zip:	CLEARWATER, FL 33765	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	KATZ, ELI	
Address:	191 WALNUT STREET	
City-St-Zip:	ENGLEWOOD, NJ 07631	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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: KAREN KAPLAN SEC 04/27/2008

Electronic Signature of Signing Officer or Director — Date