

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000211

FILED
Jan 14, 2009
Secretary of State

Entity Name: BSECURE TECHNOLOGIES, INC.

Current Principal Place of Business:

99 EGLIN PKWY NE
SUITE D1
FT WALTON BCH, FL 32548

New Principal Place of Business:

Current Mailing Address:

618 BROAD STREET
BRISTOL, TN 37620

New Mailing Address:

PO BOX 1819
BRISTOL, TN 37621

FEI Number: 20-3897474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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: C () Delete
Name: GREGORY, JOSEPH R
Address: 618 BROAD STREET
City-St-Zip: BRISTOL, TN 37620

Title: P () Delete
Name: HAADSMA, DAVID
Address: 618 BROAD STREET
City-St-Zip: BRISTOL, TN 37620

Title: DS () Delete
Name: LORAN, WILLIAM E III
Address: 618 BROAD STREET
City-St-Zip: BRISTOL, TN 37620

Title: DT () Delete
Name: STULL, ANDREW K
Address: 618 BROAD STREET
City-St-Zip: BRISTOL, TN 37620

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:

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: ANDREW K STULL

DT

01/14/2009

Electronic Signature of Signing Officer or Director

Date