

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90029 009 ***150.00



DOCUMENT # F07000000600
 1. Entity Name
SECURED MARKETING CONCEPTS CORP.

Principal Place of Business Mailing Address
18351 BEACH BLVD SUITE X **18351 BEACH BLVD SUITE X**
HUNTING BEACH, CA 92648 **HUNTING BEACH, CA 92648**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite J **Suite J**

City & State City & State

Zip Country Zip Country

01032008 Chg-P CR2E034 (12/06)
 4. FEI Number **20-3573471** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent
CORPORATE ACCESS INC.
236 E 6TH AVE
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPS	<input type="checkbox"/> Delete
NAME	DEWEESE, MATTHEW	
STREET ADDRESS	7672 ALBERTA DR	
CITY-ST-ZIP	HUNTING BEACH, CA 92648	
TITLE	VC	<input type="checkbox"/> Delete
NAME	BEARD, CHRISTOPHER	
STREET ADDRESS	7671 ALBERTA DR.	
CITY-ST-ZIP	HUNTING BEACH, CA 92648	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BEARD, CHRIS	
STREET ADDRESS	7671 ALBERTA DR.	
CITY-ST-ZIP	HUNTING BEACH, CA 92648	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	21551 Brookhurst st. #122	
CITY-ST-ZIP	Huntington Beach, CA 92646	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	21551 Brookhurst st #122	
CITY-ST-ZIP	Huntington Beach, CA 92646	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **1/5/07** **(310) 351-9441**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #