2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# L01000005265

Entity Name: SECURED ENTERPRISES, LLC

Current Principal Place of Business:

262 UNIT C CARSWELL AVE
DAYTONA BEACH, FL 32117

New Principal Place of Business:

1648 TAYLOR RD
#422
PORT ORANGE, FL 32128

Current Mailing Address:

1648 TAYLOR ROAD
#422
PORT ORANGE, FL 32128

New Mailing Address:

1648 TAYLOR RD
#422
PORT ORANGE, FL 32128

FEI Number: 59-3708591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARTLETT, LAURENCE H
1800 W. INTERNATIONAL SPEEDWAY BLVD., STE 201
DAYTONA BEACH, FL 32114 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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: VASILE, CARL
Address: 262 UNIT C CARSWELL AVE
City-St-Zip: HOLLY HILL, FL 32117

Title: MGR ( ) Delete
Name: VASILE, TERESA
Address: 262 UNIT C CARSWELL AVE
City-St-Zip: HOLLY HILL, FL 32117

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: VASILE, CARL
Address: 1648 TAYLOR RD #422
City-St-Zip: PORT ORANGE, FL 32128

Title: MGR (X) Change ( ) Addition
Name: VASILE, TERESA
Address: 1648 TAYLOR RD #422
City-St-Zip: PORT ORANGE, FL 32128

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CARL VASILE MANG 01/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date