

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90191 030 ***150.00

DOCUMENT # P00000060537 1. Entity Name ALL SECURE TECHNOLOGIES, INC.					
Principal Place of Business 1316 26TH STREET ORLANDO, FL 32805			Mailing Address 1316 26TH STREET ORLANDO, FL 32805		
2. Principal Place of Business 1316 29TH STREET Suite, Apt. #, etc.		3. Mailing Address 1316 29TH STREET Suite, Apt. #, etc.			
City & State ORLANDO FL Zip 32805 Country		City & State ORLANDO FL Zip 32805 Country		4. FEI Number 59-3699720 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03022004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SMITH, JOHN LEE 1702 BONITA AVENUE ORLANDO, FL 32805			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTS SMITH, JOHN L 1702 BONITA AVENUE ORLANDO, FL 32805	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLS, WILLIAM 1316 29TH ST ORLANDO, FL 32805	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLS, JOHN 1316 29TH STREET ORLANDO, FL 32805	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOHLMAN, DENNIS 1316 29TH STREET ORLANDO, FL 32805	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOHLMAN, DENNIS 1316 29TH STREET ORLANDO, FL 32805	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOHLMAN, DENNIS 1316 29TH STREET ORLANDO, FL 32805	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOHLMAN, DENNIS 1316 29TH STREET ORLANDO, FL 32805	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4-28-04 423-0911 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					