2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000099746

1. Entity Name
SECURIT-E-DOC, INC.

Principal Place of Business	Mailing Address
515 N FLAGLER DRIVE SUITE 203 WEST PALM BEACH, FL 33401	515 N FLAGLER DRIVE SUITE 203 WEST PALM BEACH, FL 33401

03122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3779541
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRAFT, THOMAS J JR ESQ
11000 PROSPERITY FARMS RD.
PALM BEACH GARDENS, FL 33401

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000480350
04/10/06-80040-006 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PCEO
NAME	LEVITT, DAVID
STREET ADDRESS	515 N FLAGLER DR SUITE 203
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	DS/T
NAME	TURPIN, DEAN W
STREET ADDRESS	515 N FLAGLER DRIVE SUITE 203
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	FINE, MICHAEL
STREET ADDRESS	172 SPYGLASS LANE
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	D
NAME	STONE, SUSAN J
STREET ADDRESS	515 N FLAGLER DRIVE SUITE 203
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	SULLIVAN, STEVEN
STREET ADDRESS	515 N FLAGLER DRIVE SUITE 203
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	SHALETT, MICHAEL
STREET ADDRESS	223 LIMESTONE ROAD
CITY-ST-ZIP	RIDGEFIELD, CT 06877

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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: [signature] Director 3/13/06 561-833-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #