

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000009014

FILED  
Apr 15, 2008  
Secretary of State

Entity Name: SECURE COMMUNICATIONS, INC.

## Current Principal Place of Business:

108 MARCIA DRIVE  
ALTAMONTE SPRINGS, FL 32714 US

## New Principal Place of Business:

380 S SR 434 STE 1004 #310  
ALTAMONTE SPRINGS, FL 32714 US

## Current Mailing Address:

108 MARCIA DRIVE  
ALTAMONTE SPRINGS, FL 32714 US

## New Mailing Address:

380 S SR 434 STE 1004 #310  
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 04-3611359

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LEMUS, ANTONIO  
108 MARCIA DRIVE  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

STAGGS, MICHAEL M  
380 S SR 434 STE1004 #310  
ALTAMONTE SPRINGS, FL 32714 US

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: MICHAEL M STAGGS

04/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: STAGGS, MICHAEL M  
Address: 9726 BEAR LAKE RD  
City-St-Zip: APOPKA, FL 32714 US

Title: VPTD ( ) Delete  
Name: LEMUS, ANTONIO  
Address: 108 MARCIA DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPTD (X) Change ( ) Addition  
Name: STAGGS, TAMMI L  
Address: 380 S SR 434 STE 1004 #310  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VP ( ) Change (X) Addition  
Name: CEDERSTROM, VERNON R  
Address: 380 S SR 434 STE 1004 #310  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: MICHAEL M STAGGS

PSD

04/15/2008

Electronic Signature of Signing Officer or Director

Date