

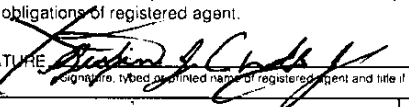
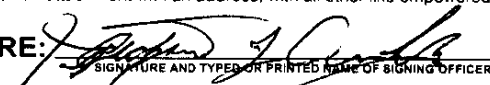


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90423 013 \*\*\*150.00

<b>DOCUMENT # P02000084122</b> 1. Entity Name <b>SECURE CONTINUITY PLANNING, INC.</b>					
Principal Place of Business <b>1790 CAPTIVA DRIVE OLDSMAR, FL 34677</b>			Mailing Address <b>1790 CAPTIVA DRIVE OLDSMAR, FL 34677</b>		
2. Principal Place of Business - No P.O. Box # <b>806 MYSTIC DRIVE</b> Suite, Apt. #, etc. <b>D-304</b>		3. Mailing Address <b>806 MYSTIC DRIVE</b> Suite, Apt. #, etc. <b>D-304</b>		<b>40083703</b>  	
City & State <b>CAPE CANAVERAL, FL</b>		City & State <b>CAPE CANAVERAL</b>		4. FEI Number <b>52-2376436</b>	
Zip <b>32920</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CLARKE, RICHARD J 1790 CAPTIVA DRIVE OLDSMAR, FL 34677</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>806 MYSTIC DRIVE</b> <b>D-304</b> City <b>CAPE CANAVERAL</b> <b>FL</b> Zip Code <b>32920</b>	
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) <span style="float: right;">DATE: <b>14 April 2007</b></span>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLARKE, RICHARD J</b> <b>1790 CAPTIVA DRIVE</b> <b>OLDSMAR, FL 34677</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLARKE, CLAIRE C</b> <b>1790 CAPTIVA DRIVE</b> <b>OLDSMAR, FL 34677</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 			DATE: <b>14 April 2007</b>		