2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099104

Title:

Name:

Address:

City-St-Zip:

VPRE

() Delete

PALM BEACH GARDENS, FL 33410

BUSWELL, BRETT A

343 AZALEA STREET

FILED Apr 08, 2004 Secretary of State

Entity Name: SECUREIT PARTNERS, INC. **Current Principal Place of Business: New Principal Place of Business:** 250 TEQUESTA DRIVE SUITE 203 TEQUESTA, FL 33469 **Current Mailing Address: New Mailing Address:** 250 TEQUESTA DRIVE SUITE 203 TEQUESTA, FL 33469 FEI Number: 52-2382078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HINKEL, THOMAS G 8321 SE KETCH CT. HOBE SOUND, FL 33455 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: SEC () Delete Title: (X) Change () Addition Name: BUSWELL, BRETT A Name: BUSWELL, BRETT A 343 AZALEA STREET 2144 LITTLE TORCH STREET Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: RIVIERA BEACH, FL 33407 Title: **PRES** Title: () Delete () Change () Addition HINKEL, THOMAS G Name: Name: 8321 SE KETCH CT. Address: Address: HOBE SOUND, FL 33455 City-St-Zip: City-St-Zip: Title: Title: TRFA () Delete () Change () Addition HINKEL, THOMAS G Name: Name: 8321 SE KETCH CT. Address: Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

VPRE

BUSWELL, BRETT A

2144 LITTTLE TORCH STREET

RIVIERA BEACH, FL 33407

(X) Change () Addition

SIGNATURE: THOMAS HINKEL PRES 04/08/2004