

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000112500

Entity Name: SECURE SOFTWARE, INC.

FILED  
Jun 30, 2004  
Secretary of State

## Current Principal Place of Business:

PO BOX 1113  
SHALIMAR, FL 32579

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1113  
SHALIMAR, FL 32579

## New Mailing Address:

FEI Number: 03-0503857

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COTTON, BYRON E  
3 PLEW AVE  
SHALIMAR, FL 32579 US

## Name and Address of New Registered Agent:

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:

Title: D ( ) Delete  
Name: SHAMASH, ALEX  
Address: PO BOX 1113  
City-St-Zip: SHALIMAR, FL 32579

Title: D ( ) Delete  
Name: LUCAS, JASON  
Address: PO BOX 330  
City-St-Zip: SHALIMAR, FL 32579

Title: D ( ) Delete  
Name: CYRIL, PACIULLO  
Address: 105 PLACE DU COLLEGE #8  
City-St-Zip: LONGUEUIL, QUEBEC, 00 J4J-1G3 CA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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.

SIGNATURE: JASON LUCAS

D

06/30/2004

Electronic Signature of Signing Officer or Director

Date