2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 06, 2006 8:00 am Secretary of State DOCUMENT # P04000087563 04-06-2006 90003 040 ***150.00 SECURE INTERNATIONAL CORPORATION Principal Place of Business Mailing Address 221 NE 33RD STREET 221 NE 33RD STREET OAKLAND, FL 33334 OAKLAND, FL 33334 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032006 Chq-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-1219623 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAHAL, DEVINDRA Street Address (P.O. Box Number is Not Acceptable) 221 NE 33RD STREET FORT LAUDERDALE, FL 33334 City Zip Code 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. 04-03-06. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Delete ☐ Change ☐ Addition BAHAL, DEVINDRA NAME NAME STREET ADDRESS 161 NE-38TH STREET STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33334 CITY-ST-7IP TITLE ☐ Delete MILE Change ■ Addition HARRIPARSAD, LOMAS NAME NAME STREET ADDRESS 5906 NW 15TH CT. STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 333134737 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BAHAL, DEVANAND NAME STREET ADDRESS 5906 NW 15TH CT. STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 333134737 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition AMAROD, ANDREA BAHALOO, DEVANAND NAME STREET ADDRESS 5906 NW 15TH CT. STREET ADDRESS 5906 NW 15th Court CITY-ST-ZIP SUNRISE, FL 333134737 CITY+ST-7IP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP IIILE ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED