

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000096107

FILED
Apr 14, 2007
Secretary of State

Entity Name: GO-SECURE, INC.

Current Principal Place of Business:

6076 BENT PINE DRIVE
4132
ORLANDO, FL 32882

New Principal Place of Business:

5736 DEEP LAKE ROAD
OVIEDO, FL 32765

Current Mailing Address:

6445 S. CHICKASAW TRAIL
296
ORLANDO, FL 32829

New Mailing Address:

FEI Number: 20-3124687 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCARCELLI, LINDA A
1595 THORNHILL CIRCLE
OVIEDO, FL 32765 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: DPT () Delete
Name: MELO, DOMINIC J
Address: 6076 BENT PINE DRIVE, 4132
City-St-Zip: ORLANDO, FL 32882

Title: DVP () Delete
Name: MELO, JAMIE L
Address: 6076 BENT PINE DRIVE, 4132
City-St-Zip: ORLANDO, FL 32822

Title: S () Delete
Name: SCARCELLI, LINDA A
Address: 1595 THORNHILL CIRCLE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: MELO, DOMINIC J
Address: 5736 DEEP LAKE RD
City-St-Zip: OVIEDO, FL 32765

Title: DVP (X) Change () Addition
Name: MELO, JAMIE L
Address: 5736 DEEP LAKE RD
City-St-Zip: OVIEDO, FL 32765

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 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: DOMINIC J MELO

DPT

04/14/2007

Electronic Signature of Signing Officer or Director

_____ Date