

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000111554

FILED
Mar 14, 2006
Secretary of State

Entity Name: SECURED ALLIANCE GROUP CORP.

Current Principal Place of Business:

6220 S ORANGE BLOSSOM TR
167
ORLANDO, FL 32809

Current Mailing Address:

7611 S ORANGE BLOSSOM TR
ORLANDO, FL 32809

New Principal Place of Business:

6220 S ORANGE BLOSSOM TR
195
ORLANDO, FL 32809

New Mailing Address:

7512 DR PHILLIPS BLVD
108
ORLANDO, FL 32819

FEI Number: 20-3459461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEPULVEDA, GEOVANNY
7611 S ORANGE BLOSSOM TR
147
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

BETTER BUSINESS PARTNERS
7611 S ORANGE BLOSSOM TR
148
ORLANDO, FL 32809 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: EA FERNANDES

03/14/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BYDALEK, ELIZABETH
Address: 6220 S ORANGE BLOSSOM TR STE# 167
City-St-Zip: ORLANDO, FL 32809

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: BYDALEK, ELIZABETH
Address: 6220 S ORANGE BLOSSOM TR STE# 195
City-St-Zip: ORLANDO, FL 32809

Title: CFO () Change (X) Addition
Name: SEPULVEDA, GEOVANNY
Address: 6220 S ORANGE BLOSSOM TR STE# 195
City-St-Zip: ORLANDO, FL 32809

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: EA FERNANDES

D

03/14/2006

Electronic Signature of Signing Officer or Director

Date