2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# P05000111554

Entity Name: SECURED ALLIANCE GROUP CORP.

Current Principal Place of Business:

6220 S ORANGE BLOSSOM TR
195
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

7512 DR PHILLIPS BLVD
108
ORLANDO, FL 32819

New Mailing Address:

6220 S ORANGE BLOSSOM TR
195
ORLANDO, FL 32809

FEI Number: 20-3459461 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BYDALEK, E
7611 S ORANGE BLOSSOM TR
148
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

SEPULVEDA, GEOVANNY
6220 S . ORANGE BLOSSOM TRAIL
195
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: GEOVANNY SEPULVEDA 01/05/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: GEOVANNY SEPULVEDA P 01/05/2009
Electronic Signature of Signing Officer or Director Date