

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000158617

**FILED**  
**Aug 04, 2006**  
**Secretary of State****Entity Name:** SECURED FINANCIAL DATA, INC.**Current Principal Place of Business:**815 NW 57TH AVENUE - SUITE 220  
MIAMI, FL 33126**New Principal Place of Business:**2655 LEJEUNE ROAD  
SUITE-311  
CORAL GABLES, FL 33134 US**Current Mailing Address:**2742 MONTEVIDEO AVENUE  
COOPER CITY, FL 33026**New Mailing Address:**2655 LEJEUNE ROAD  
SUITE-311  
CORAL GABLES, FL 33134 US**FEI Number:** 76-0807149**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**RIDEMAN, MICHAEL  
2742 MONTEVIDEO AVENUE  
COOPER CITY, FL 33026 US**Name and Address of New Registered Agent:**RIDEMAN, MICHAEL H PRES  
2655 LEJEUNE ROAD  
SUITE-311  
CORAL GABLES, FL 33134 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:** MICHAEL RIDEMAN

08/04/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PRES ( ) Delete  
**Name:** RIDEMAN, MICHAEL  
**Address:** 815 NW 57TH AVENUE - SUITE 220  
**City-St-Zip:** MIAMI, FL 33126**Title:** VP ( ) Delete  
**Name:** RIDEMAN, RONALD  
**Address:** 815 NW 57TH AVENUE - SUITE 220  
**City-St-Zip:** MIAMI, FL 33126**Title:** SEC (X) Delete  
**Name:** RIDEMAN, FERN  
**Address:** 815 NW 57TH AVENUE - SUITE 220  
**City-St-Zip:** MIAMI, FL 33126**Title:** TREAS (X) Delete  
**Name:** RIDEMAN, MICHAEL  
**Address:** 815 NW 57TH AVENUE - SUITE 220  
**City-St-Zip:** MIAMI, FL 33126**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PSD (X) Change ( ) Addition  
**Name:** RIDEMAN, MICHAEL  
**Address:** 2655 LEJEUNE ROAD - SUITE 311  
**City-St-Zip:** CORAL GABLES, FL 33134 US**Title:** VTD (X) Change ( ) Addition  
**Name:** RIDEMAN, RONALD  
**Address:** 2655 LEJEUNE ROAD - SUITE 311  
**City-St-Zip:** CORAL GABLES, FL 33134 US**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 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:** MICHAEL RIDEMAN

PSD

08/04/2006

Electronic Signature of Signing Officer or Director

Date