

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P98000103578

**FILED**  
**Feb 10, 2006**  
**Secretary of State****Entity Name:** SECURELIFE, INC.**Current Principal Place of Business:**2617 BROOKER TRACE LANE  
VALRICO, FL 335945657 US**New Principal Place of Business:**2556 JASMINE WAY  
NORTH PORT, FL 34287 US**Current Mailing Address:**PMB 408  
1181 SOUTH SUMTER BLVD.  
NORTH PORT, FL 34287 US**New Mailing Address:****FEI Number:** 59-3556242      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HALL, STEVEN K  
4399 COMMONS DRIVE EAST  
SUITE 300  
DESTIN, FL 32541 US**Name and Address of New Registered Agent:**FISHMAN, STEVEN P  
2556 JASMINE WAY  
NORTH PORT, FL 34287 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: STEVEN P. FISHMAN

02/10/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** FISHMAN, STEVEN P  
**Address:** 2617 BREAKER TRACE LN  
**City-St-Zip:** VALRICO, FL 33594**Title:** ST ( ) Delete  
**Name:** FISHMAN, VIRGINIA  
**Address:** 2617 BREAKER TRACE LN  
**City-St-Zip:** VALRICO, FL 33594**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change ( ) Addition  
**Name:** FISHMAN, STEVEN P  
**Address:** 2556 JASMINE WAY  
**City-St-Zip:** NORTH PORT, FL 34287**Title:** ST (X) Change ( ) Addition  
**Name:** FISHMAN, VIRGINIA  
**Address:** 2556 JASMINE WAY  
**City-St-Zip:** NORTH PORT, FL 34287

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: STEVEN P. FISHMAN

P

02/10/2006

Electronic Signature of Signing Officer or Director

Date