

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000003021

FILED
May 15, 2007
Secretary of State

Entity Name: SECURE CARE SYSTEMS OF GEORGIA, INC.

Current Principal Place of Business:

4745 SUTTON PARK COURT
STE 601
JACKSONVILLE, FL 32224 US

Current Mailing Address:

4745 SUTTON PARK COURT
STE 601
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

11512 LAKE MEAD AVENUE
STE 303
JACKSONVILLE, FL 32256 US

New Mailing Address:

11512 LAKE MEAD AVENUE
STE 303
JACKSONVILLE, FL 32256 US

FEI Number: 59-3556404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEDEL, TIM
4745 SUTTON PARK COURT
SUITE 601
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

WEDEL, TIM
11512 LAKE MEAD AVENUE
SUITE 303
JACKSONVILLE, FL 32256 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: TIMOTHY WEDEL

05/15/2007

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: P () Delete
Name: WEDEL, TIMOTHY
Address: 12767 CATTAIL POND CIRCLE SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WEDEL, TIMOTHY
Address: 1031 1ST ST SOUTH, UNIT 306
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: TIMOTHY WEDEL

P

05/15/2007

Electronic Signature of Signing Officer or Director

Date