

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90027 034 ***158.75



DOCUMENT # V38968 1. Entity Name SECUR-ENTRY INDUSTRIES INC.	
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Principal Place of Business 1190 MANOR DR SINGER ISLAND FL 33404 US	Mailing Address 404 W WHITNEY DR JUPITER FL 33458 US
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2. Principal Place of Business 1190 MANOR DR	3. Mailing Address 1190 MANOR DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SINGER ISLAND FL	City & State SINGER ISLAND FL
Zip 33404	Country USA
Zip 33404	Country US

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent CAPUTO, GINO 1190 MANOR DR SINGER ISLAND FL 33404		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CAPUTO, GINO 1190 MANOR DR SINGER ISLAND FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CAPUTO, ROSALBA 1190 MANOR DR SINGER ISLAND FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **GINO CAPUTO** **FEB 11 2005** **561 844-2279**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #