


2004 FOR PROFIT CORPORATION ANNUAL REPORT

3/29,

FILED
Jul 30, 2004 8:00 am
Secretary of State

03-29-2004 90025 039 ***150.00

DOCUMENT # F01000006281
 1. Entity Name
 ECAMSECURE, INC.



Principal Place of Business
 436 WEST WALNUT AVENUE
 GARDENA, CA 90248

Mailing Address
 436 WEST WALNUT AVENUE
 GARDENA, CA 90248

66430979



DO NOT WRITE IN THIS SPACE

01192004 No Chg-P CR2E034 (10/03)

4. FEI Number
 95-4834826


Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 PARACORP INCORPORATED
 236 EAST 6TH AVENUE
 TALLAHASSEE, FL 32303

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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:  (NOTE: Registered Agent signature required when reinstating)

DATE: 7-22-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

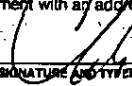
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COFFEY, CHRISTOPHER 436 WEST WALNUT AVENUE GARDENA, CA 90248
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COFFEY, ROBERT 436 WEST WALNUT AVENUE GARDENA, CA 90248
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BABCOCK, WILLIAM 436 WEST WALNUT AVENUE GARDENA, CA 90248
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  (NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE: 7/19/04 (NOTE: DATE)

DAYTIME PHONE: (310) 818-1030 (NOTE: DAYTIME PHONE #)