


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 05, 2005 08:00 AM**  
**Secretary of State**

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

**DO NOT WRITE IN THIS SPACE**



07222005 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

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE IN THIS SPACE**

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08/05/05-80001-010 550.00

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: William R. Babcock WILLIAM R. BABCOCK 7/22/05 (313) 818-1030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #