FORM 5 Check this box if no longe

4 or Form 5 obligations may

continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL
Washington, D.C. 20549 OMB 323

Washington, D.C. 20549 ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

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SEC 2270

(9-02)

Form 3 Holdings Reported
Form 4 Transactions
Reported

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

OWNERSHIP OF SECURITIES

1. Name and Addres WALLACE JAN	ss of Reporting Perso	SECURED	2. Issuer Name and Ticker or Trading Symbol SECURED DIVERSIFIED INVESTMENT LTD [SCDI]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			
(Last) 6929 E CHENEY	(First) (Middle	(Month/Day/	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2005				_X_ Officer (give title Other (specify below) CEO, President				
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Reporting (check applicable line)				
PARADISE VAI	LLEY, AZ 85253						_X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person				
(City)	(State) (Zip)	Table I -	Non-Derivat	ive Securi	ties A	cquire	ed, Disposed of, or I	Beneficially (Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	any				d of	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
Common Stock	04/04/2005	04/04/2005	A5	245,000	45,000 A \$ 0.02		245,000	D			
Common Stock	12/22/2005	12/22/2005	J5	45,000 (1)	D \$0		200,000	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction	3A. Deemed	4.	5. Numbe	r of	Date Exerci	sable and	7. Title and	Amount	8. Price of	9. Number	10.	11. Nature	l
Derivative	Conversion	Date	Execution Date, if	Transaction	Derivative	•	Expiration Da	te	of Underly	ing	Derivative	of	Ownership	of Indirect	l
Security	or Exercise	(Month/Day/Year)	any	Code	Securities		(Month/Day/Y	(ear)	Securities		Security	Derivative	Form of	Beneficial	l
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired	(A)			(Instr. 3 and	d 4)	(Instr. 5)	Securities	Derivative	Ownership	l
	Derivative				or Dispos	ed						Beneficially	Security:	(Instr. 4)	l
	Security				of (D)							Owned at	Direct (D)		l
					(Instr. 3, 4	1,						End of	or Indirect		l
					and 5)							Issuer's	(I)		l
										Amount		Fiscal Year	(Instr. 4)		
							Date	Expiration	Title	or		(Instr. 4)			l
							Exercisable	Date	Title	Number					l
					(A)	(D)				of Shares					l
Worrents	¢ 0.50(2)	04/04/2005		۸	400,000		04/04/2005	04/04/2010	Common	400,000	\$0	400.000	т	* <u>(3)</u>	l
vv arrants	\$ 0.50	04/04/2003		A	400,000		04/04/2003	04/04/2010	Stock	400,000	φU	400,000	1	* <u>137</u>	l

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
WALLACE JAN 6929 E CHENEY DR PARADISE VALLEY, AZ 85253	X		CEO, President				

Signatures

/s/ Jan Wallace	04/04/2006
Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- $\textbf{(1)}\ 45,\!000\ shares\ returned\ 12/2005\ to\ company\ and\ subsequently\ cancelled\ January\ 2006.$
- (2) The warrants were offered at a range of \$0.50 to \$2.00.
- (3) 400,000 held in Wallace Black Financial & Investment Services in which I have indirect beneficial ownership.

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.